AUDIT AND GOVERNANCE COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 28 November 2013

at 9.30 am

in Committee Room B,
Civic Centre, Hartlepool.

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Brash, Fisher, Loynes, Robinson and Shields

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 31 October 2013 (to follow).

4. **AUDIT ITEMS**

No items.

5. **STANDARDS ITEMS**

5.1 Reference of a Complaint from Council – *Chief Solicitor and Monitoring Officer*

6. **STATUTORY SCRUTINY ITEMS**

6.1 Recruitment of Good Quality GP's – *Representatives from Durham, Darlington and Tees Area Team*

6.2 Patient Reported Outcome Measures – Hip Outcomes – *Representatives from North Tees and Hartlepool NHS Foundation Trust*

6.3 Outpatients Services Update – *Representatives from North Tees and Hartlepool NHS Foundation Trust and Hartlepool and Stockton-on-Tees Clinical Commissioning Group*

6.4 Update on Enhancements to Services at the University Hospital of Hartlepool – *Representatives from North Tees and Hartlepool NHS Foundation Trust*

6.5 North East Ambulance Service (NEAS) – Progress Update on Service Changes – *Representatives from North East Ambulance Service*

6.6 Patient and Visitor Journey Experience between Hartlepool and North Tees Hospital – August 2013 – *Representatives from Healthwatch Hartlepool*

7. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

No items.

8. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

8.1 Extract from the minutes of the meeting held on 18 October 2013.

9. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

9.1 Minutes of the meeting held on 16 September 2013.

10. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

10.1 To receive the minutes of the meeting held on 27 September 2013

11. **REGIONAL HEALTH SCRUTINY UPDATE**

11.1 Verbal update from the meeting held on 4 November 2013 – *Chair of the Audit and Governance Committee*

12. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

FOR INFORMATION:

Date of next meeting – Thursday 12 December 2013 at 9.30 am.

AUDIT AND GOVERNANCE COMMITTEE
MINUTES AND DECISION RECORD
31 October 2013

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool

Present:

Councillor Keith Fisher (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher and Linda Shields.

Co-opted Members: Norman Rollo and Clare Wilson.

Also present: In accordance with Council Procedure Rule 5.2;
Councillor Kevin Cranney as substitute for Councillor Brenda Loynes.

Councillors Christopher Akers-Belcher and Carl Richardson.

Stephen Thomas, Hartlepool Healthwatch
David Brown, the Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust
Helen Vitty - Durham Tees Valley Probation Trust
Dave King - Commissioning Manager, Substance Misuse
Julie Keay, Durham Tees Valley Probation Trust

Officers: Dave Stubbs, Chief Executive
Clare Clark, Neighbourhood Manager (Central)
Karen Clark, Treatment Effectiveness Manager
Lisa Oldroyd - Community Safety Research and Development Coordinator
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

41. Apologies for Absence

Councillors Brash and Loynes.

42. Declarations of Interest

Councillor Christopher Akers-Belcher declared a personal interest in Minute No. 46.

43. Minutes of the meeting held on 3 October 2013

Confirmed.

44. Audit Items

None.

45. Standards Items

None.

46. Exploration of Potential Options for Engagement with Alternative Health Trusts – Verbal Update (*Leader of the Council and Chair of the Health and Wellbeing Board*)

The Leader of the Council and the Chair of the Health and Wellbeing Board, Councillors Christopher Akers-Belcher and Carl Richardson were present at the meeting. The Leader referred to the recent transfer of acute care beds form Hartlepool hospital to North Tees Hospital in Stockton and indicated that he had recently met the Chair of the Hartlepool and Stockton Clinical Commissioning Group (CCG) to discuss this and similar issues that were a concern for elected members and the people of Hartlepool.

The Leader indicated that he had been informed that a mapping exercise was underway to detail all the hospital services available across the North East and the Leader has requested that once complete a presentation on the results be made to members in Hartlepool. The Leader had also asked that the presentation include information on the new internet based choose and book system to highlight how patients had the right to choose where they went for their treatment.

The Leader indicated that the council had accepted the rationale behind the changes to acute services but there were still a lot of people unhappy at the removal of further key services from the town. The Leader considered that the promotion of the choose and book system was key to highlighting that people had a choice of where they went for their hospital appointments and that that could often be in Hartlepool.

The Leader indicated that it also may be necessary in the future to reconfigure the membership of the Health and Wellbeing Board as there may be other health trusts in the area that may wish to work with the council. There was a need to demonstrate that the council was being proactive in encouraging Hartlepool residents to use the services still available to them in Hartlepool and that for others, there were other options than North Tees Hospital. The Leader looked to the Committee for support in seeking the presentation from the CCG on the 'choose and book' system.

The Chair supported the Leader's comments and indicated that Hartlepool residents should be encouraged to exercise the choices available to them, though the Chair did feel that too many choices had been taken away from them through the removal of services from Hartlepool Hospital. The Leader added that too few residents knew they had choices available to them as the choose and book system wasn't being actively promoted by all GP surgeries.

Members commented that there was an obvious strain in the relationship between the council and the North Tees and Hartlepool NHS Trust and the authority should look to seek other Trusts that wanted to work proactively with Hartlepool. People should be encouraged to exercise the choice they had through the choose and book system. The Chair supported the comments and it was proposed that the CCG be requested to give members a presentation on the mapping exercise of health services in the North East and also the Choose and Book System. This was supported unanimously by the Committee.

Recommended

1. That the comments of the Leader of the Council and the Chair of the Health and Wellbeing Board be noted.

2. That the Health and Wellbeing Board reconsider its membership with the potential inclusion of representatives from other NHS Hospital Trusts.

3. That the Hartlepool and Stockton Clinical Commissioning Group be requested to give a presentation to Members on the Health Services Mapping Exercise and the Choose and Book System.

47. Tees, Esk and Wear Valleys NHS Trust - Victoria Road – Update (*Director of Operations, TEWV NHS Trust*)

David Brown, the Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) updated the Committee on changes proposed to mental health services which would result in the closure of the rehabilitation unit at Victoria Road, Hartlepool. The consultation exercise was being undertaken on the Trust's behalf by the CCG. The Committee was informed that the last patient had left the unit in September and at the conclusion of the process it was the Trust's intention to sell the premises.

Members were concerned at the levels of support that would be available within the community when the base at Victoria Road was closed. The Director of Operations indicated that there would still be community services available within the town and services to those that had been receiving services from the community team would remain unchanged.

Members questioned if there had been any feedback from service users on the changes to the service and the closure of Victoria Road. The Director of Operations indicated that there had been no feedback at present. The

Trust did have review stages at 30, 60 and 90 days after such service changes to assess the impact on service users. The services provided by the crisis team and the number and location of crisis beds across the whole Trust area were being reviewed. Currently the crisis team would look to provide services to individuals during the day in their homes. Crisis beds were located at Sandwell Park.

The Chair was concerned at another service transferring out of Hartlepool. The Director of Operations indicated that the numbers requiring crisis beds across the whole Trust area was very low particularly with the changes to crisis services which now aimed to stabilise people in their own homes and keep them out hospital.

The Vice-Chair indicated that he had long experience of working in mental health care and commented that mental health service delivery had moved on significantly and there was no need to be alarmed at the closure of beds. Most patients preferred to be treated in their own homes and maintained in that situation. Most issues arose through the failure to manage medication and crisis teams could intervene in the patient's home to stabilise them and help them manage their medication.

The Healthwatch representative indicated that while the direction of service was positive, there were concerns that they had only heard of the changes at Victoria Road relatively late in the process and after the principle decisions had been made. The Chair commented that consultation was key on such changes but also had to be at the appropriate point in the process. The Director of Operations indicated that he would bring an overview of the Trusts services to a future meeting of the committee.

Recommended

That the Scrutiny Manager prepares an appropriate response to the TEWV Trust's consultation exercise following discussions with the Chair and Vice-Chair of the Committee.

48. Re-offending Investigation:- Setting the Scene - Joint Presentation by the Community Safety Team and Durham Tees Valley Probation Trust (*Scrutiny Manager*)

The Neighbourhood Manager (Central) and the representative from Durham Tees Valley Probation Trust gave a presentation to the Committee on reoffending in Hartlepool.

The Neighbourhood Manager (Central) gave an overview of the responsibilities that lay with the Safer Hartlepool Partnership and the key elements of the Safer Hartlepool Partnership Plan in relation to re-offending. The representative from Durham Tees Valley Probation Trust outlined the statutory measures and some of the key statistics for the Committees information. It was highlighted that there had up until recently

been a number of different ways of recording offending and re-offending. There was now a single unified measure but the statistics produced did have a significant drawback in that they were two years out of date by the time they were completed and circulated.

There were many reasons that led to offending and reoffending though dugs and alcohol abuse led to a significant proportion. There were over 1700 recorded offenders in Hartlepool, 93% adults and 7% juvenile. There were over 500 repeat offenders with the vast majority of those being adults. The gender split in both adults and juveniles was generally around 80/20 in favour of males. The majority of offenders did not come under the Probation Service's umbrella. Adult re-offenders tended to be in their twenties and early thirties and for both males and females nearly 4 out every 10 had tested positive for class A drug use. It was highlighted that shoplifting was a major cause of re-offending with nearly 40% of women and over 20% of men being convicted for shoplifting offences.

Studies of the top 10 re-offenders showed that only one was classed as a Prolific Priority Offender, only one was female and 8 out of ten had Community Orders. The majority of re-offenders lived in the more deprived neighbourhoods. Analysis of probation offenders who go on to re-offend had a different criminogenic needs profile to those who don't re-offend. (2% needed additional support and input to improve their employability, 83% had misused drugs, 79% needed assistance with accommodation and 79% needed help with their financial management.

The Chair thanked the officers for the very informative presentation and indicated that it was the first time he had seen some of these issues quantified. The statistics were significant but knowing who the offenders were was only one part of the problem; stopping them re-offending was the major part. There were some drastic solutions promoted by some, such as the County Durham Police and Crime Commissioner (PCC) who had made comments suggesting the legalisation of some drugs as a mean of breaking the cycle of offending.

Members commented that in many areas there were problem families known to the Council and other agencies that created significant problems. It was clear that prison didn't work for many offenders but that did not mean agencies should be soft on crime. Drugs were becoming a major issue in the town and if that problem was tackled, crime statistics would drop sharply. While acknowledging the drug problem, the Chair was conscious that there were other problems causing persistent offending.

Members questioned the work of the Troubled Families Initiative. The Neighbourhood Manager (Central) commented that some 290 families had initial been involved with the initiative. There had been positive results from the input into 201 of those families. The input was, however, intensive and involved close working with many agencies to deliver results. Drug misuse was prevalent within these families but so too was domestic violence. Both officers indicated that further detailed statistical information could be

provided to the committee to assist in its investigation.

A member expressed concern at the propensity for mental health problems among offenders and was concerned that this was not being tackled appropriately within the wider services to re-offenders.

Members questioned the direction of travel of the statistics and were informed that up to the last full quarter, Hartlepool's re-offending rates had been the highest in the country. This had reduced slightly and was slowly improving but the town still ranked second bottom of the government statistics.

Recommended

That the presentations and detailed information presented be noted.

49. Re-offending Investigation:- Re-offender Health and Service Provision (*Scrutiny Manager*)

The Treatment Effectiveness Manager gave a brief presentation to the Committee outlining some of the national data around reoffending for the Committee's information.

- 90% of prisoners have substance misuse problems, mental health problems or both;
- 72% of male prisoners and 70% of female prisoners suffer from two or more mental health disorders;
- 20% of prisoners have four or five major mental health disorders;
- 83% of prisoners smoke (averaging 16 cigarettes per day);
- 9% of prisoners suffer from severe and enduring mental health illness;
- 10% of prisoners have a learning disability;
- up to 50% of new prisoners are estimated to be problem drug users;
- 40% of prisoners declare no contact with primary care prior to detention;
- People who have been in prison are up to 30 times more likely to commit suicide (in the first month after discharge from prison) than the general population;
- 20% of male and 37% of female sentenced prisoners have previously attempted suicide;
- There is commonly poor continuity of health care information on admission to prison, on movement between prisons and on release;
- 49% of male, sentenced prisoners were excluded from school (2% in general population).

A Member commented that many of the reasons behind offenders' addiction problems were untreated mental health issues. Failure to tackle these mental health issues simply perpetuated many of their problems. The Treatment Effectiveness Manager commented that there were key workers that worked with offenders but many of the services available to offenders used drug testing as a screen requiring the drug issues to be tackled first

before making any assessment of mental health problems.

The Commissioning Manager, Substance Misuse of the Health and Justice Team for NHS England (North East and Cumbria) gave a presentation to the Committee setting out the services provided through the national commissioning arrangements for the prisons and secure training centres in the region. The service was responsible for prisoners' general health care and also secondary health care services including substance misuse.

The Chair noted that there were a lot more custodial institutions in the region that he or many others had known. Members questioned how many Hartlepool residents were currently serving custodial sentences. The Neighbourhood Manager (Central) commented that those statistics were known and could be circulated to the Committee after the meeting.

Members noted the significantly high numbers of offenders with substance misuse problems. The Commissioning Manager indicated that work was undertaken with such offenders when in custody to assess what drove them to offending. Health assessments including mental health issues were also addressed through this detailed work so that appropriate services could be arranged to engage with the offenders when they were released form custodial sentence. One of the methods used was to bring ex-offenders who had been through the programme back to work with new offenders in the scheme to show that it did work and could have positive outcomes. There were specialised facilities within prisons for intensive drug rehabilitation. The days of offenders simply getting their methadone and that being the end of it were long gone.

The Probation Trust representative commented that services were linked into prisons to provide a consistency of service to offenders when they returned to the community. Members commented that it was reassuring to see that services continued through to release for offenders. The Probation Trust representative indicated that none of the people were 'written-off' and the reasons behind their offending were always examined.

Recommended

That the detailed presentations be noted.

50. Re-offending Investigation:- Focus Group Verbal Update – Views and Experiences of Re-offenders

(*Scrutiny Manager*)

The Scrutiny Manager reported that as part of the investigation the potential of a visit to Holme House Prison at Stockton in January was being explored to allow Members the opportunity to see the services provided and possibly speak to some prisoners about their experience of the services. There would also be a focus group session with offenders' families and those offenders that had returned to the community. The Healthwatch representative indicated that Healthwatch was looking at prescribing in the community and the work of the facility on Whitby Street and would feed that

into the investigation.

Recommended

That the report be noted.

51. Feedback from the Oversight Group for the Implementation and Evaluation of Acute Medicine and Critical Care Reconfiguration (*Scrutiny Manager*)

The Scrutiny Manager reported that the Oversight Group for the Implementation and Evaluation of the Acute Medicine and Critical Care Reconfiguration at North Tees and Hartlepool NHS Foundation Trust had held its first meeting on 3 October where the terms of reference were agreed, an update on the project plan and communication plan was provided and the risk log and evaluation process was discussed. It is envisaged that there will be a minimum of three meetings of this group. The Council's representative to the first meeting was Councillor Ainslie.

The Chair and members expressed their support for the continued attendance of Councillor Ainslie at the Oversight Group meetings.

The Chair reported that he had received a response from the Hartlepool and North Tees NHS Trust to the complaint made in relation to the comments made by the Trust's Chief Executive at the last meeting of the Joint Health Scrutiny Committee. The Chair indicated that he would circulate the letter to the Committee.

Recommended

That the report be noted and the continued attendance of Councillor Ainslie at the Oversight Group meetings be endorsed.

52. Minutes from the Recent Meeting of the Health and Wellbeing Board

The minutes of the meeting of the Health and Wellbeing Board held on 16 September, 2013 were received.

53. Minutes from the Recent Meeting of the Finance and Policy Committee Relating to Public Health

Extracts from the minutes of the meeting of the Finance and Policy Committee held on 19 September 2013 were noted.

54. Minutes from Recent Meeting of Tees Valley Health Scrutiny Joint Committee

No items.

55. Minutes from Recent Meeting of Safer Hartlepool Partnership

No items.

56. Regional Health Scrutiny Update

None.

57. Any Other Items which the Chairman Considers are Urgent

The Scrutiny Manager reported for the Committee's information

The meeting concluded at 11.45 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE REPORT

28th November 2013

Report of: Chief Solicitor and Monitoring Officer

Subject: REFERENCE OF A COMPLAINT FROM COUNCIL

1. BACKGROUND

1.1 At a meeting of Council held on 17th October, 2013 Councillor Jonathan Brash posed a question, which is reproduced below;

> *"What guidance is in place for the use of local authority funding or resources (including events and promotional material) in the promotion of an individual political party?"*

During the ensuing debate it was indicated by Councillor Brash that a Labour Party manifesto document had been included within a delegate pack as part of the launch of the Hartlepool Youth Investment Project, which took place on 3rd October, 2013. Although it was moved and seconded that the Chief Solicitor should investigate this alleged breach, this motion was withdrawn on being advised by the Chief Solicitor that inquiries would be undertaken and the matter reported back to the appropriate Committee. For the avoidance of doubt, under the Council's adopted arrangements under the Localism Act, 2011, the determination of whether a matter of complaint should be referred to investigation or whether "other action" or "no action" should be taken is a matter for the Chief Solicitor in his capacity as Monitoring Officer in liaison with the Independent Person.

1.2 During the same debate, Councillor Christopher Akers-Belcher indicated that he had requested that this document be circulated at this event. In addition, the draft minutes also note the following;

> *"The Leader added that he would take responsibility should it be found that any breach of the Constitution had been made".*

On 21st October, 2013, the matter of complaint was discussed between the Chief Solicitor and Mr Norman Rollo, the Independent Person. It was agreed that given the frank and open admission by Councillor Christopher Akers-Belcher it was neither necessary or expedient to embark upon a full investigation. However, it was also agreed that certain inquiries be

undertaken to formulate appropriate "action" as outlined further within the confines of this report.

2. INQUIRIES UNDERTAKEN

2.1 The Localism Act, 2011, requires the involvement of the Independent Person in respect of all matters of complaint and 'whose views are to be sought, and taken into account' (Section 28 refers). It agreed with the Independent Person that Councillor Christopher Akers-Belcher should be reminded of the pertinent parts of the Council's Code of Conduct referable to this particular complaint and this advice would also be communicated in writing. On the 24th October, 2013, I had occasion to meet with Councillor Christopher Akers-Belcher wherein he reiterated his statement to Council that he had made a request for the pamphlet entitled "Your Hartlepool – Labour Manifesto" to be included within the delegate information pack as circulated at the "Launch of the Hartlepool Youth Investment Project" which took place at the Baltic Suite, Hartlepool Historic Quay, Hartlepool Marina on Thursday 3rd October, 2013. It is of note, that Councillor Akers-Belcher was a speaker on behalf of the Council at this event along with other Councillors, Council Officers as well as representation from the commercial sector. Whilst it is accepted that the various "themes" included within this "Manifesto" resonate with this particular event, it was accepted by Councillor Akers-Belcher that this information should not have been included. To his credit, Councillor Akers-Belcher was as open during the confines of this meeting as he was with his statement to Council. Although, it may be suggested in certain quarters, that he placed himself in an unenviable position upon which an explanation was almost inevitable, he could also have chosen to be less than forthcoming, which has not proven to be the case. I therefore consider in unison with the Independent Person, that his open admission and being receptive to advice provided is an eminently sensible and an appropriate response in this case.

2.2 There are certain "general obligations" as contained within the Council's Code of Conduct as adopted in conformity with the provisions of the Localism Act, 2011. In regard to the authority's resources paragraphs 2.2 and 2.3 are pertinent and are set out below;

"2.2 You must ensure that such resources are not used improperly for political purposes (including party political purposes); and

2.3 You have regard to any applicable Code of Recommended Practice on Local Authority Publicity issued under Section 4 of the Local Government Act, 1986".

I am advised that 75 individual attended the "Hartlepool Youth Investment Project" and as originally over 90 delegates were expected some 100 packs had been prepared. These packs were put together over the period of 1st and 2nd October by Officers of the Council's Economic Development Team and it appears that possibly "an extra five minutes" was added to

Officer time, by inserting the "Manifesto" document into the delegate packs. This followed a "simple request" from Councillor Christopher Akers-Belcher to add this manifesto into the packs and there are certainly no allegations whatsoever of any coercion or any persuasiveness on the part of Councillor Christopher Akers-Belcher although perhaps, the mere mention of the inclusion of this "manifesto" document should have aroused some concern by Officers. As this does not appear to be the case, there is a further recommended "action" as further detailed in this report.

2.3 The document in question "Your Hartlepool – Labour Manifest" has a clear "imprint" indicating who promoted this publication and also the source of the printing. For the avoidance of any doubt the promotion and printing of this document were fully independent of the Council and therefore the extent of the use of Council resources relates solely "to the extra five minutes" of Officer time, as mentioned above. Whilst this engages the Code of Conduct and amounts to a breach of the same, it is considered to be at the lower end of the scale of a contravention of the Code and therefore the most appropriate and proportionate response is the action by way of the provision of advice, as outlined herein.

3. CODE OF PRACTICE ON LOCAL AUTHORITY PUBLICITY

3.1 As reflected within the Council's Code of Conduct, local authorities need to have regard to the Code of Recommended Practice issued by the Secretary of State under the Local Government Act, 1986. An amended Code came into force on 31st March, 2011 which was mentioned in the "Purdah" guidance issued by the Chief Solicitor in his capacity as Returning Officer in the local government elections which took place in May, 2012. The "publicity code" entails seven principles which local authorities should follow. These principles are as follows;

- Be lawful
- Be cost effective
- Be objective
- Be even handed
- Be appropriate
- Have regard to equality and diversity
- Be issued with care during periods of heightened sensitivity

3.2 Accordingly, the principle of objectivity entails that local authorities should be politically impartial in its publicity. However, the Code acknowledges that a local authority "has to be able to explain its decisions and justify its policies, which should not be done in a way that can be perceived as a political statement or commentary on contentious issues of public policy". In essence, local authorities are required to "have regard" to the Code in determinations upon matters of publicity. Again, for the avoidance of doubt, "publicity" is given a wide definition under the 1986 Act as being "any communication, in whatever form, addressed to the public at large or a section of the public". The Act in relation to this particular provision does not

create any form of criminal sanction and its underlying premise is to ensure the importance of transparency in that the general public are aware "what their local authority is doing if they are to hold it to account".

3.3 Whilst the above represents the current position in relation to the Code of Practice on Local Authority Publicity this may change under the provisions contained within the Local Audit and Accountancy Bill. This Bill makes provision, amongst other matters, for the formal abolition of the Audit Commission, as well as the National Health Service in England. Under clause 38 it also makes reference to the Code of Practice on Local Authority Publicity, in so far as providing a power to the Secretary of State to issue directions to specified local authorities to comply with a Code as issued under the 1986 legislation. Further, there is also proposed a power given to the Secretary of State to make an Order that would impose a duty on all local authorities in England to comply with the Code issued under Section 4 of the Local Government Act, 1986. Clearly, these are provisions which are presently to be noted and a further report will be brought back to the Committee on this particular topic but nevertheless it is considered worthy that the Committee is made aware of these potential changes to the Code upon local authority publicity.

4. POLITICALLY NEUTRALITY

4.1 Members will be aware that the Code of Conduct as adopted, must also be consistent with the following principles as referenced within Section 28 of the Localism Act, 2011, namely;

- Selflessness,
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

4.2 For its part, this Council has expanded upon these seven principles to accommodate all those principles that were first established through the Committee on Standards in Public Life ("the Nolan Committee"). These principles are equally applicable to Officers. Accordingly, the principle of "integrity" entails that an Officer should not place themselves "under any financial or other obligation to an individual or other organisation which might influence them in their work with the Council". Whilst it is not suggested that in this particular case any Officer acted in any way to gain any favour or influence, the inescapable fact in this particular case is that there was, albeit limited, Officer assistance engaging the use of Council resources for a political purpose. However, it must be stressed that this must be put into some context, as this use of Council resources was limited but one which I would not wish to see repeated. Councillor Christopher Akers-Belcher has made an open admission and in this regard, has been sincere in his disclosure of what transpired and I have been reassured that there should be

no repetition of this incident. That said, I think it would be helpful to remind all Officers of the requirement to maintain 'political neutrality' based around the following points;

- Employees serve the authority as a whole and therefore they must serve all Councillors and must ensure that the individual rights of all Councillors are respected.

- Officers should never compromise their political neutrality and whether or not they are categorised as being in a political restricted post (as defined within the provisions of the Local Government and Housing Act, 1989, as amended) should adhere to all applicable codes and policies and should not allow their own personal or political opinions to interfere with their work

5. SUMMARY AND CONCLUSIONS

5.1 As set out in the opening of this report the view taken by the Chief Solicitor and the Independent Person, Mr Rollo, was that given the admission made before full Council by Councillor Christopher Akers-Belcher that in itself is an appropriate resolution to this complaint. Additional inquiries have been made and informal advice has been tendered for the information of the said Councillor. Furthermore, it is considered that a note should go to all Officers based upon the points raised above of political neutrality and in order to ensure that there is recognition to those general principles which govern the conduct of both Members and Officers in public life. The Committee will be aware that where there is a breach of the Council's Code of Conduct (and given that we do not exist within a "sanction based system" that was previously the case), it is a matter of the most appropriate "actions" that can be taken. I and the Independent Person consider that the above actions are entirely appropriate and proportionate in this particular case.

5.2 We have also taken into account the rather worrying trend which appears to be taking form at Council meetings for something tantamount to conducting an investigation within the very public setting of a Council meeting. This obviously results in an impact on how a matter is proceeded with by way of a complaint once the same is formally raised with the Monitoring Officer. In this particular case, only days later it was headlined in a local publication the banner headline "Propaganda Probe – Labour Leader faces investigation after party leaflet put in a Council handout" (publication date – Tuesday October 22nd 2013). In itself, such adverse publicity is almost a "sanction" in itself, but also detracts from other more prominent issues which fell for consideration and reporting at that particular Council meeting. It also does reputational damage not only for the Councillor involved but generally upon the overall reputation of the Council. Whilst the "cut and thrust" of political debate is a feature of Council meetings and no-one should argue against a very robust form of debate taking place, there is a worrying dissipation of the respect and civility which should exist between elected Members. Where there is a departure from the conduct expected by elected individuals then

there is recourse to a complaint system, which should provide sufficient safeguards and assurances for people to utilise rather than the present method of a public exorcism that appears to be becoming a common feature of Council business, upon which all Members need to reflect with some degree of urgency.

6. RECOMMENDATIONS

That the information contained in this report be noted as well as the "actions" to be taken.

7. CONTACT OFFICER

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AUDIT AND GOVERNANCE COMMITTEE

28 November 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: RECRUITMENT OF GOOD QUALITY GP'S - COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce representatives from the Durham, Darlington and Tees Area Team who will be present at today's meeting to provide information on the recruitment of good quality GP's, as requested by the previous Health Scrutiny Forum.

2. BACKGROUND INFORMATION

2.1 The Health Scrutiny Forum identified the recruitment of good quality GP's as an area for exploration in the 2012/13 Municipal Year. However, it was carried forward from the 2012/13 Municipal Year in order to receive an effective update, as work was currently ongoing nationally and regionally on the Primary Care Strategy.

2.2 Subsequently, representatives from the Durham, Darlington and Tees Area Team will be present at today's meeting to discuss this topic with Members. A copy of the presentation that will be delivered at today's meeting by Dr Mike Guy, Medical Director is attached at **Appendix A.**

3. RECOMMENDATION

3.1 That Members note the content of this report and seek clarification on any issues from the representatives present at today's meeting.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Report of the Scrutiny Manager entitled ‘Selection of Potential Topics for Inclusion in the 2013/14 Statutory Scrutiny Work Programme’ presented to the Audit and Governance Committee on 27 June 2013

General Practitioners: quantity and quality in Hartlepool

Dr Mike Guy, Medical Director, Durham, Darlington & Tees Area Team

THE NHS CONSTITUTION
the NHS belongs to us all

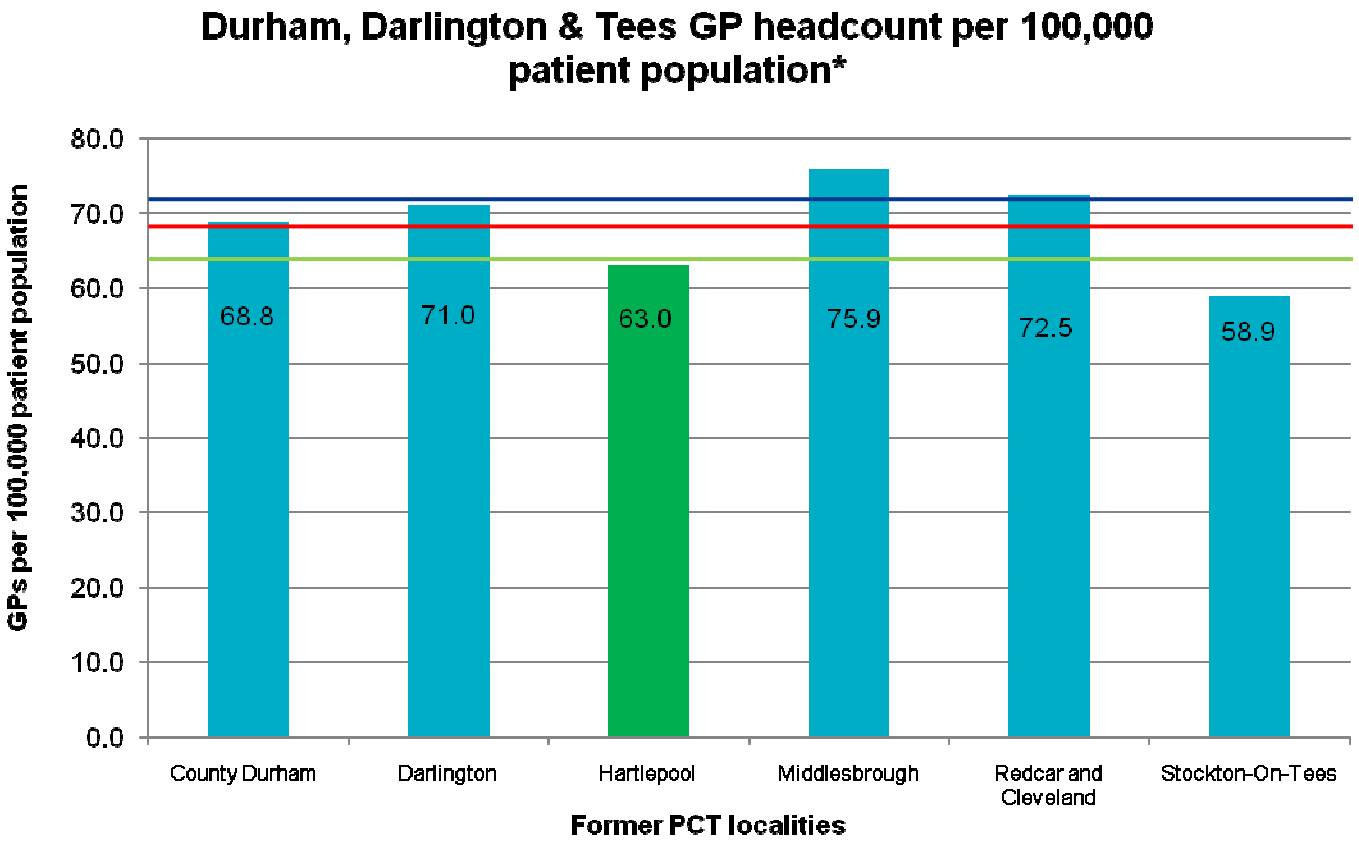
Roles and responsibilities

- **Durham, Darlington & Tees Area Team of NHS England:** commissions general practice services, manages GP contracts, manages GP performance, whole system oversight for quality and safety
- **Hartlepool & Stockton Clinical Commissioning Group:** support improvements in access to and quality of general practice
- **Health Education North East:** provides education and training to clinicians across the North East and Cumbria and supports strategic planning to ensure the supply of a skilled, competent workforce

The local General Practice landscape

- Number of Hartlepool practices: 16 (1 is a walk-in centre only)
- Types of practices: 5 General Medical Service (GMS) contracts, 7 Personal Medical Services (PMS) contracts, 4 Alternative Provider Medical Services (APMS) contracts
- Hartlepool GP headcount (excluding registrars and retainers) – 58
- 95,142 registered patients in the town

Current workforce position



Slightly below average GP/patients ratio

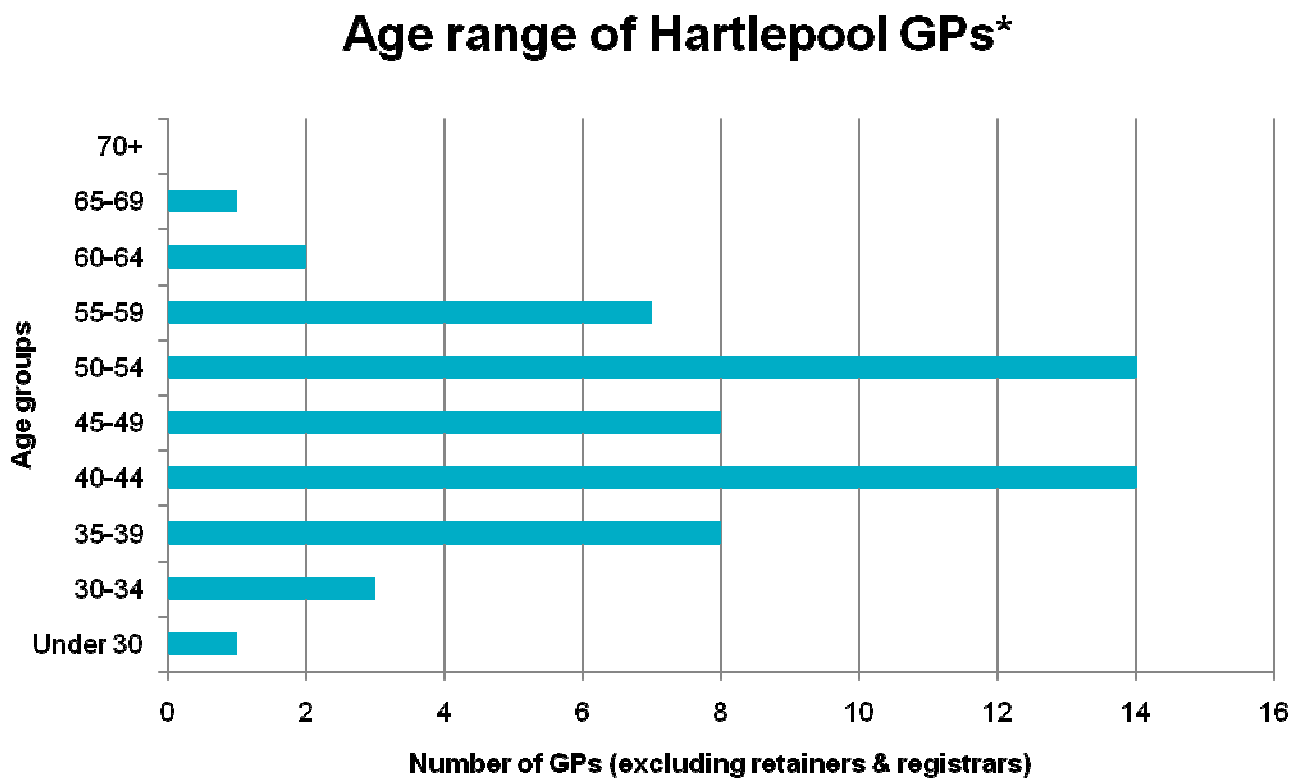
North East average: 71.3

Durham, Darlington and Tees average: 68.3

England average: 71.3

*Data from Health & Social Care Information Centre, 2012

Current workforce position

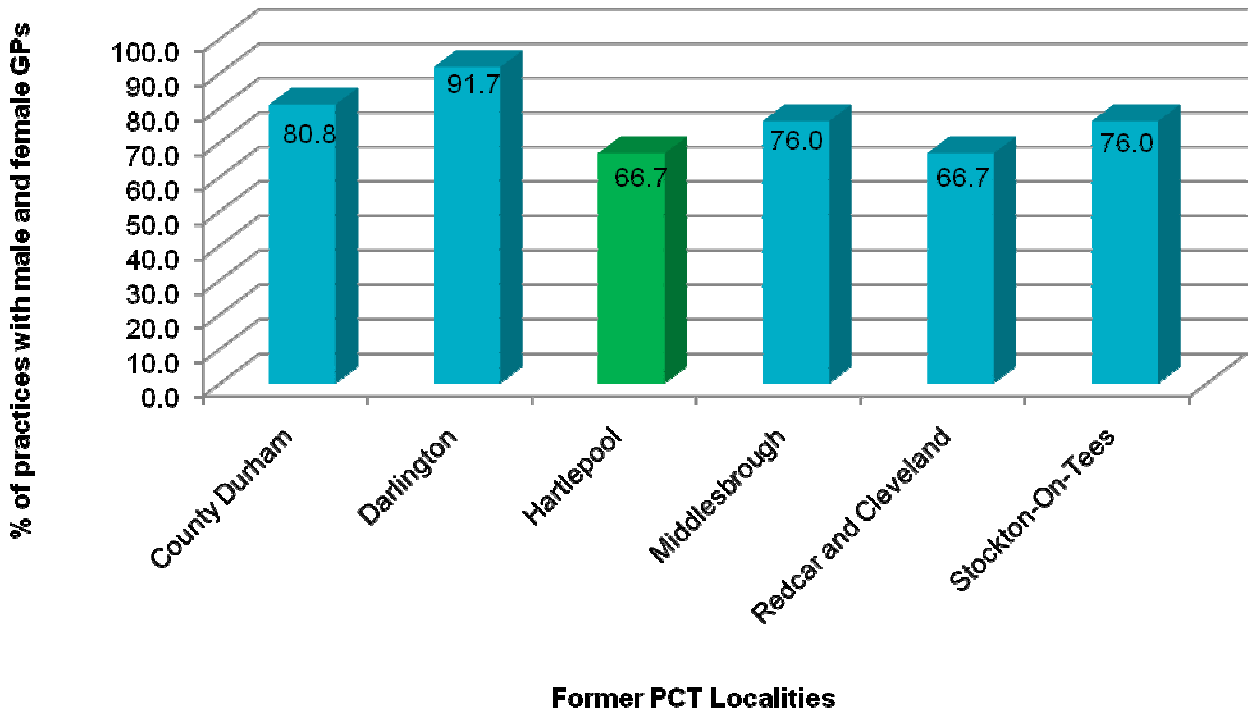


- 17.2% of Hartlepool GPs are aged 55 and over
- Durham, Darlington and Tees average: 22.8%
- North East average: 20.8%
- National average: 22.5%

**Data from Health & Social Care Information Centre, 2012*

Current workforce position

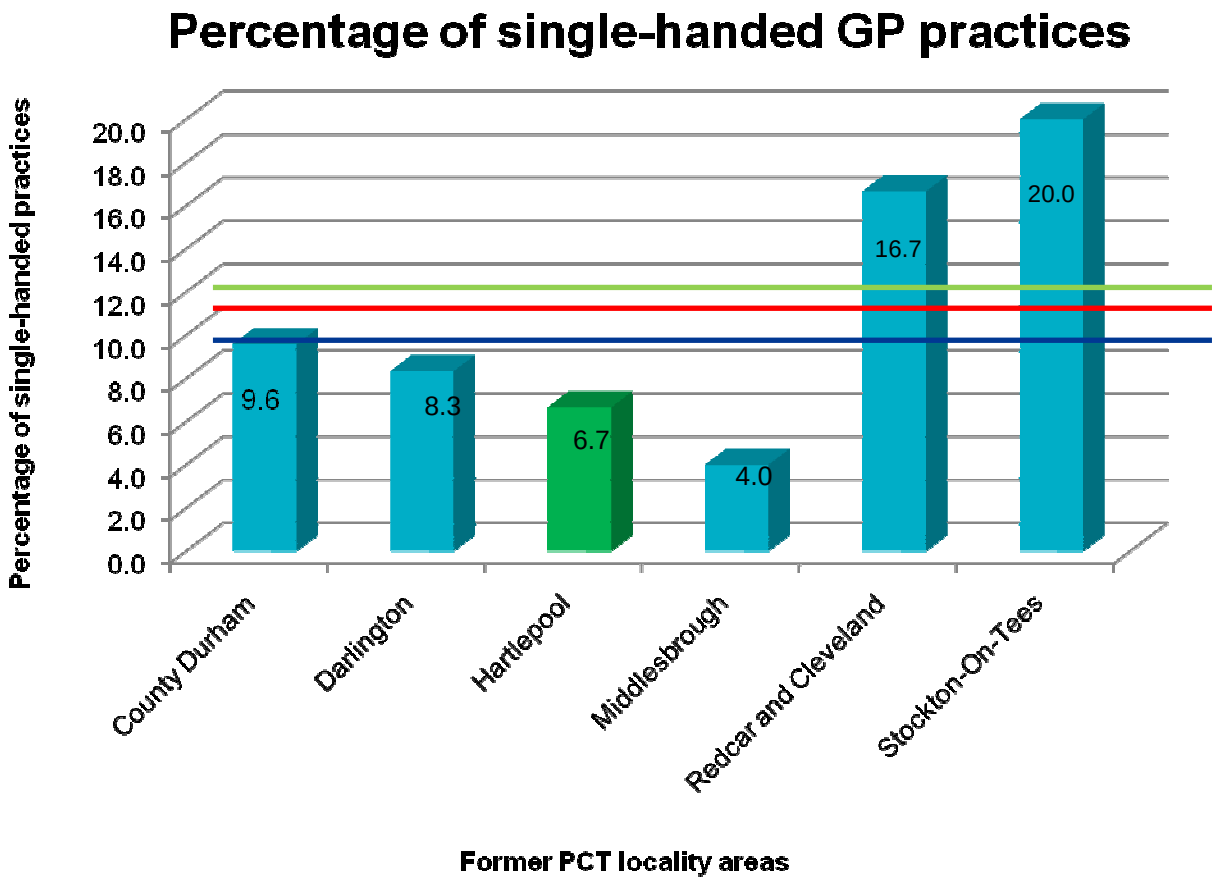
Percentage of practices with both male and female GPs



- Below average number of practices with mix of male and female practitioners

 **Data from Health & Social Care Information Centre, 2012*

Current workforce position



- Lower number of single-handed practices

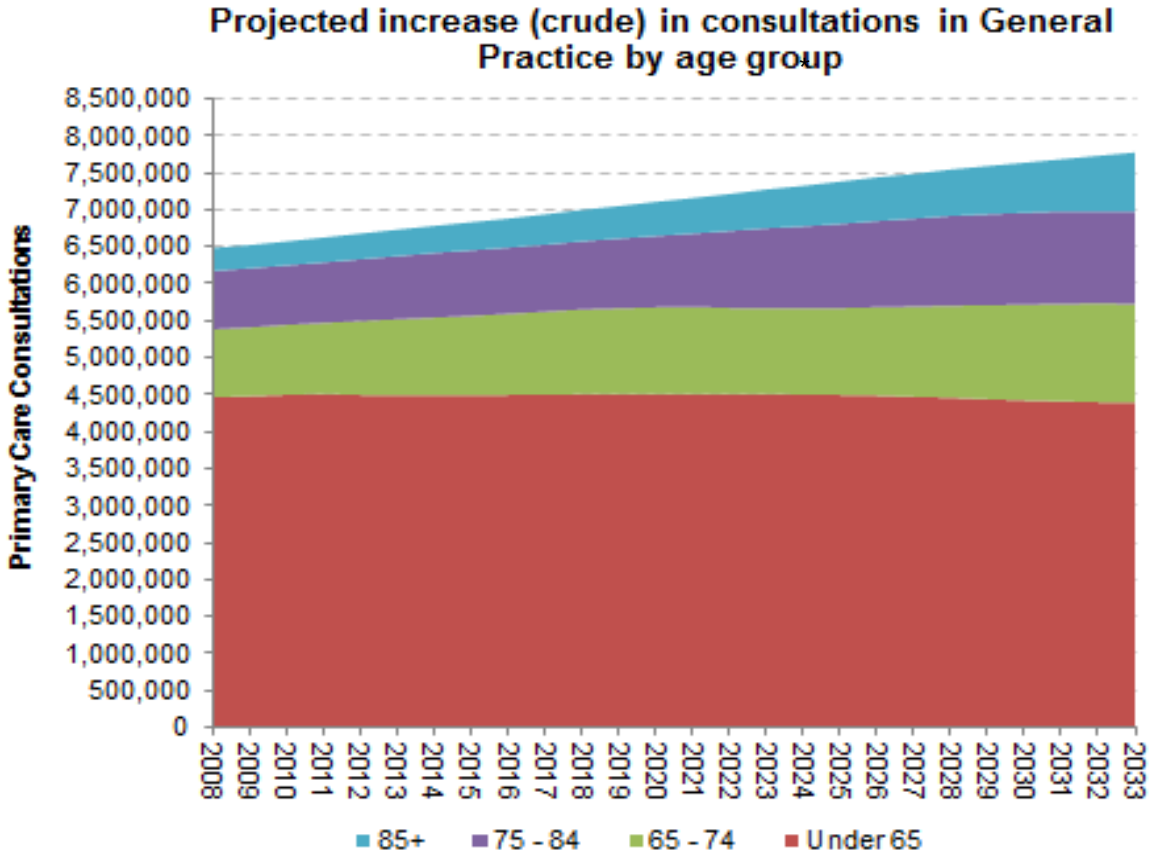
Durham, Darlington and Tees average 10.9%:

North East average 9.0%:

England average 11.4%:

 **Data from Health & Social Care Information Centre, 2012*

Increasing demand on general practice



- Projected increase in demand on general practice in line with predicted Durham, Darlington and Tees population increase

**Locally modelled demand for general practice using Office for National Statistics and HSCIC data*

But…increase in training places

- Annual intake for the Durham & Tees GP training programme has expanded from 15 in 2005 to 48 in 2013
- Expected to take 64 registrars in August 2014 and 78 from August 2015
- North East area has been fully recruited to for last three years
- New purpose built GP training facility at University of Durham's Queen's Campus, Stockton

What else are we doing?

- North East public relations campaign to attract newly qualified GPs
- New system to promote ‘live’ vacancies to all registrars in final placement and to GPs within six months of qualification
- Exploring innovative posts in general practice
- Greater commissioner involvement in workforce planning
- Primary care strategy development – identifying practices with available capacity to potentially become training practices

Monitoring and improving performance

Key to success:

- Greater joint working with area team and clinical commissioning groups – shared responsibilities

- Robust accountability agreements and assurance framework for performance management

- Single operating policies and procedures nationally for identifying, managing and supporting GPs whose performance gives rise to concern

Monitoring and improving performance

Systems and processes:

- GP Appraisal and Revalidation Operational Group
- Performance screening group to screen all concerns
- Performers List Decision Panel to make decisions on serious concerns
- Excellent cohort of GP appraisers and tutors on Tees who help us to assure high quality GPs
- Area Team performance tracker data base
- Regular quality assurance reports to key area team and multi-organisation groups including Quality Surveillance Group (QSG)

Monitoring and improving performance

- Role of Durham, Darlington and Tees Primary Care Quality Surveillance Group (QSG) to provide:

1. ‘A shared view of risks to quality through sharing intelligence
2. An early warning mechanism of risk about poor quality
3. Opportunities to coordinate actions to drive improvement’

QSG Terms of Reference

- Multi-agency involvement
- Range of quality data reviewed
- Soft intelligence considered

National ‘Call to Action’ for general practice

Seeks to:

- build on the strengths of general practice

- enable general practice to play a stronger role at the heart of more integrated out-of-hospital services

- explore ways of doing things differently to deliver better outcomes, more personalised care and excellent patient experience

AUDIT AND GOVERNANCE COMMITTEE

28 November 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: PATIENT REPORTED OUTCOME MEASURES – HIP OUTCOMES – COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust (NTHFT) who will be present at today's meeting to provide an update on Patient Reported Outcome Measures (PROMS) in relation to hip replacement surgery, as requested by the previous Health Scrutiny Forum at their meeting of 10 January 2013.

2. BACKGROUND INFORMATION

2.1 At the meeting of the previous Health Scrutiny Forum of 10 January 2013, Members received information on PROMS in relation to hip replacement surgery, as concerns had been raised by Members about the type of replacement hip utilised in some surgery. Members, at the meeting of 10 January 2013, were informed that a more detailed analysis of all the patient / surgery notes was being undertaken and Members asked if the outcome of the analysis could be shared with Members when available.

2.2 At the Health Scrutiny Forum held on 10 January 2013, the Clinical Director, Trauma and Orthopaedics from NTHFT delivered a presentation which provided details of the joint replacement service, participation rates in pre-operative questionnaires, hip replacement surgery pre-operative condition specific health scores, knee replacement surgery pre-operative condition specific health scores, symptom severity information, overall and specific health gain following hip replacement and knee replacement surgery.

2.3 Representatives from NTHFT will be in attendance at today's meeting to provide the Committee with the results of the further detailed analysis which was being undertaken of hip surgery outcomes. A copy of the presentation that will be delivered at today's meeting is attached at **Appendix A.**

3. RECOMMENDATION

3.1 That Members note the content of this report and seek clarification on any issues from the representatives present at today's meeting.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Hip Replacements – Covering Report' presented to the Health Scrutiny Forum on 10 January 2013
(ii) Presentation entitled 'Patient Reported Outcome Measures (PROMS) Hip and Knee Outcomes 2011/12' presented to the Health Scrutiny Forum on 10 January 2013
(iii) Minutes of the Health Scrutiny Forum – 10 January 2013

Patient related outcome measures (PROMs) in THR patients

Chris Tulloch

November 2013

PROMs

- Demographics- (Q1-6)
- Oxford hip score- (Q7-Q18)
- Generic health- (Q19- Q23)
  EQ-5D VAS- 100 (best)- 0 (worst)

Uses of PROMs

- Quality of care reported by the patients
- Supporting GP & Pts to make choices
- Supporting clinicians to benchmark their practice
- Supporting commissioners to judge quality of care
- Strengthening audit & research

Background

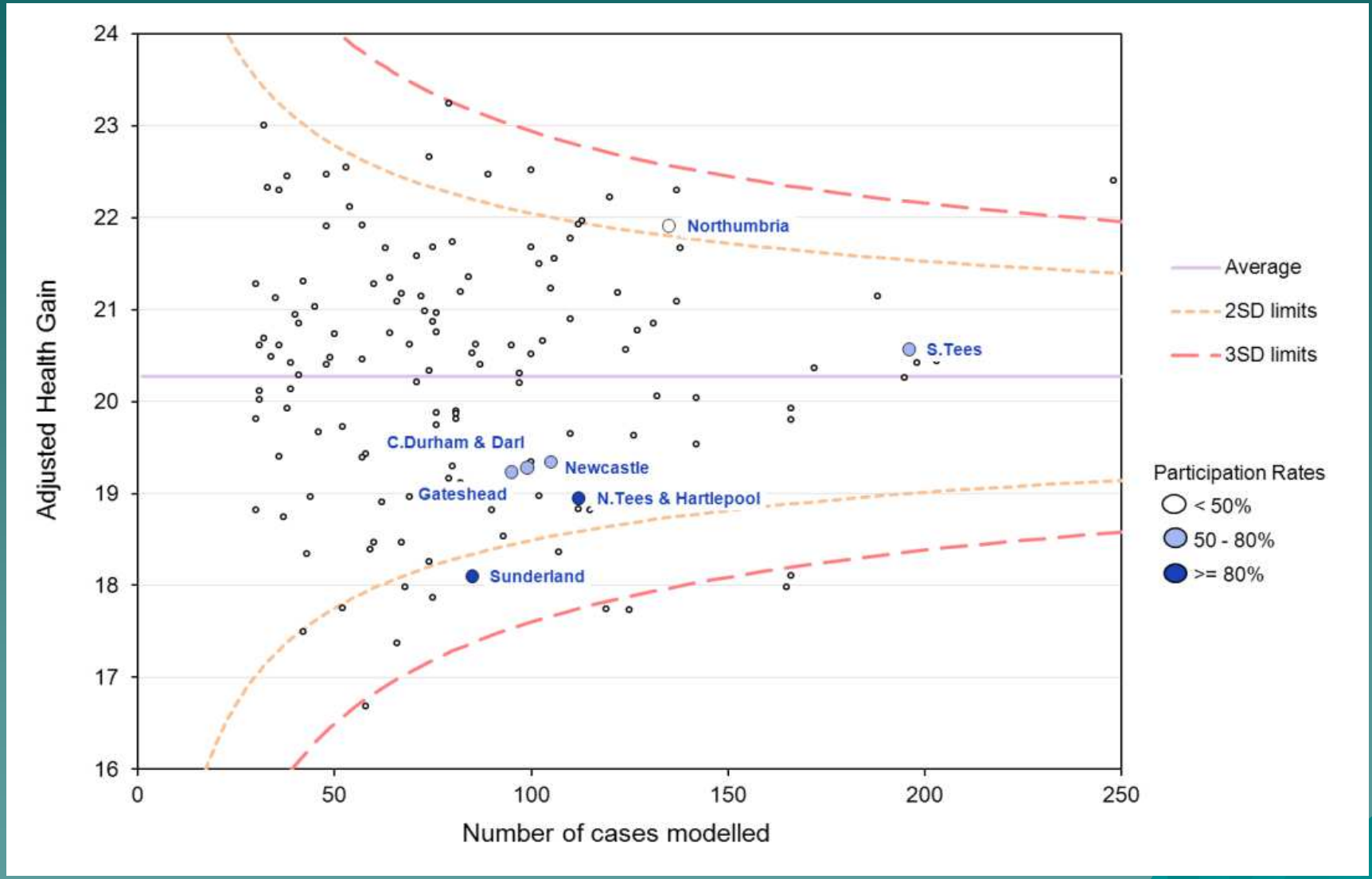
NEQOS (North East Quality Observatory System)

*North Tees and Hartlepool NHS FT has a significantly lower EQ-5D Health Gain than the average across England and are showing as an alert **

	Alert on E5-QD Generic health gain	Alert on Oxford score condition specific health gain
Hip surgery THR	North tees and Hartlepool NHS FT	

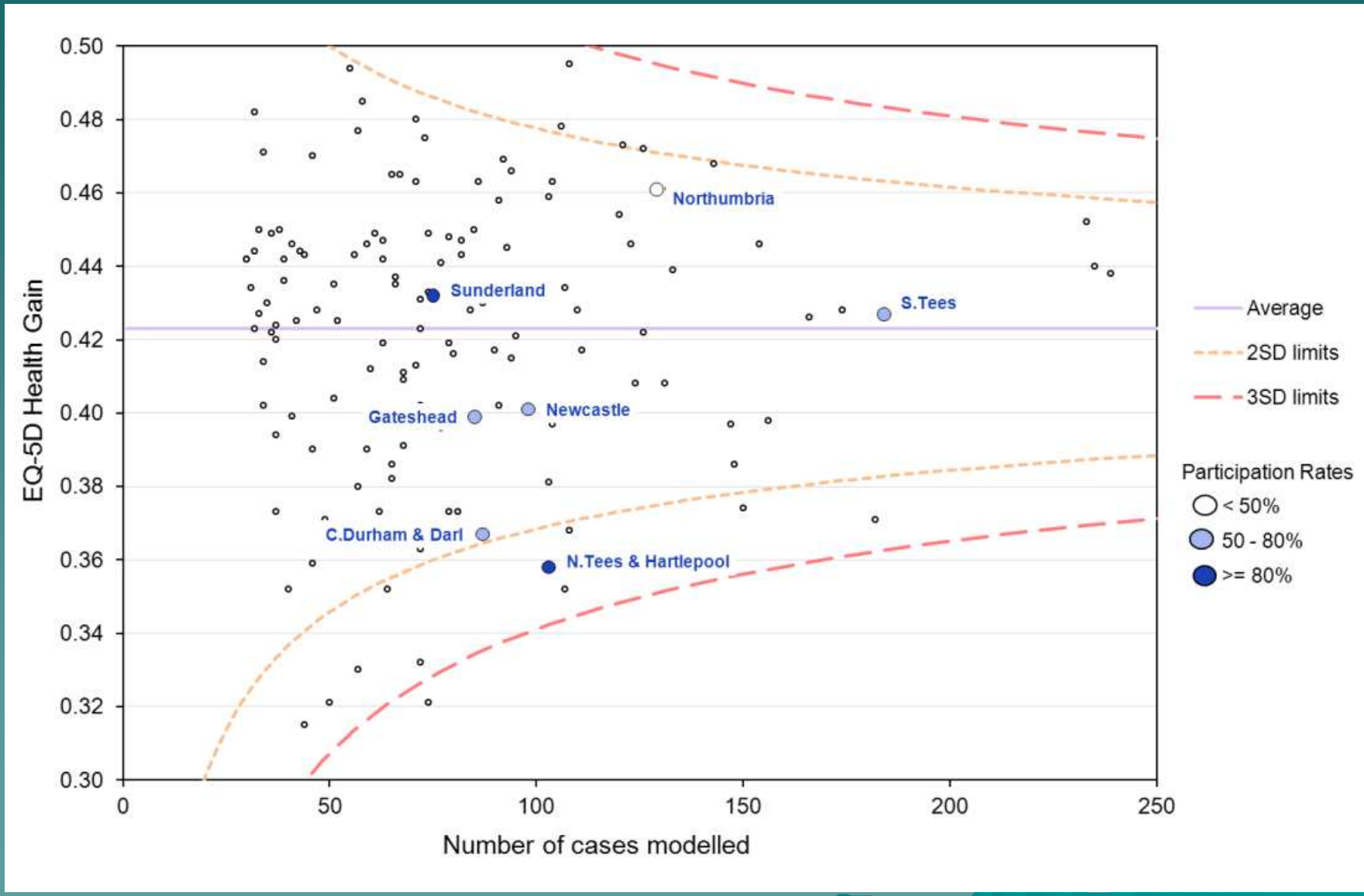
* *06 Aug 2012 v 1. (April 2011-Dec 2011)*

THR



Post-op, condition specific health gain score : Oxford hip score
(April 2011 to December 2011)

THR



Post-op EQ-5D health gain score (April 2011 to December 2011)

All THR – Updated – EQ 5D

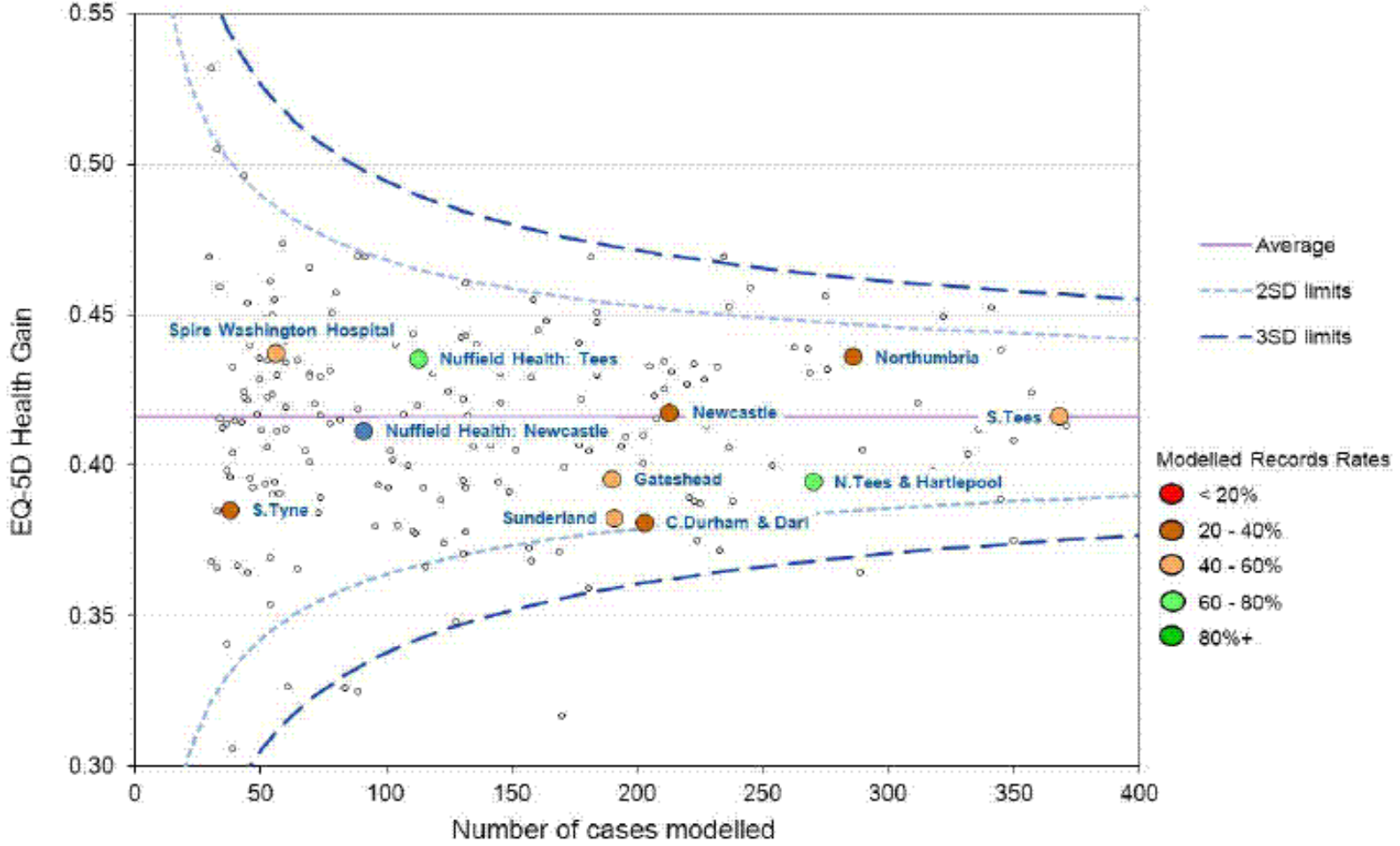


*Figure 3: **All** Hip Replacements: EQ-5D Health Gain score (2011/12)*

Note: Nuffield Health Newcastle modelled record rates much > 100% indicating PROMs from sub-contracted cases included.

Primary THR – Updated – EQ-5D

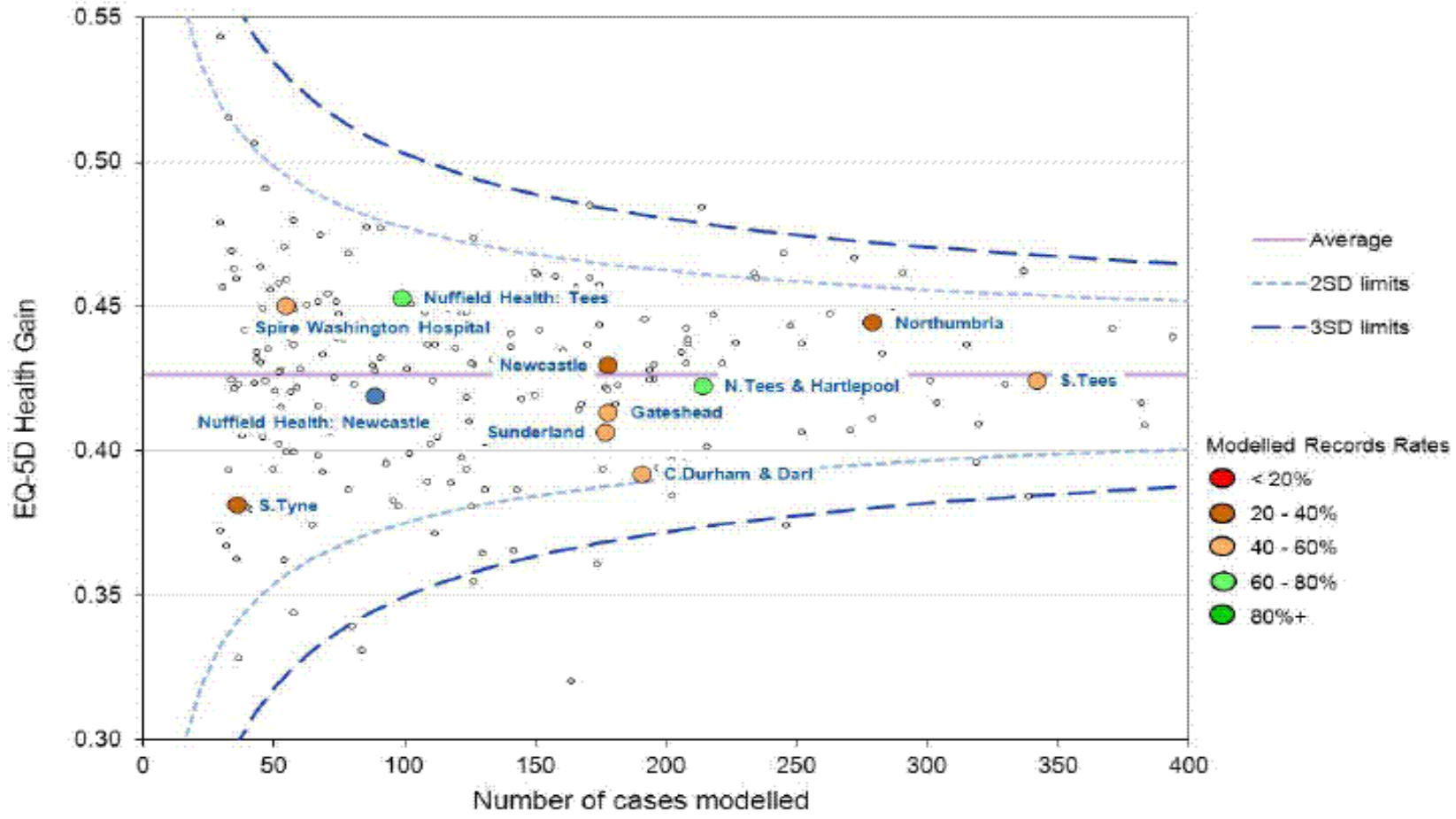


*Figure 4: **Primary** Hip Replacements: EQ-5D Health Gain score (2011/12)*

Note: Nuffield Health Newcastle modelled record rates much > 100% indicating PROMs from sub-contracted cases included.

All THR – Updated – Oxford hip score

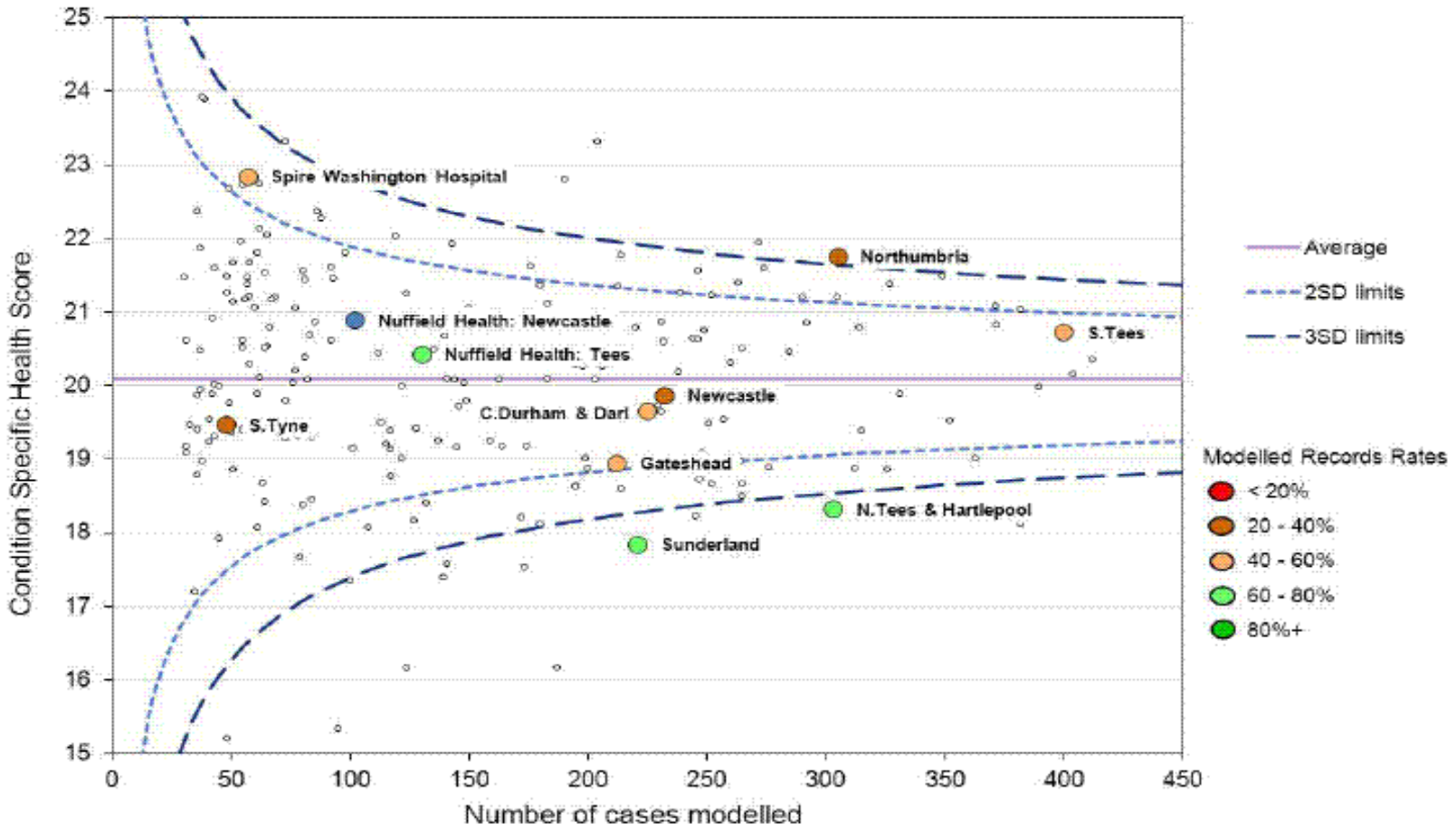


*Figure 5: **All** Hip Replacements: Oxford Hip Score Health Gain score (2011/12)*

Note: Nuffield Health Newcastle modelled record rates much > 100% indicating PROMs from sub-contracted cases included.

Primary THR – Updated – Oxford hip score

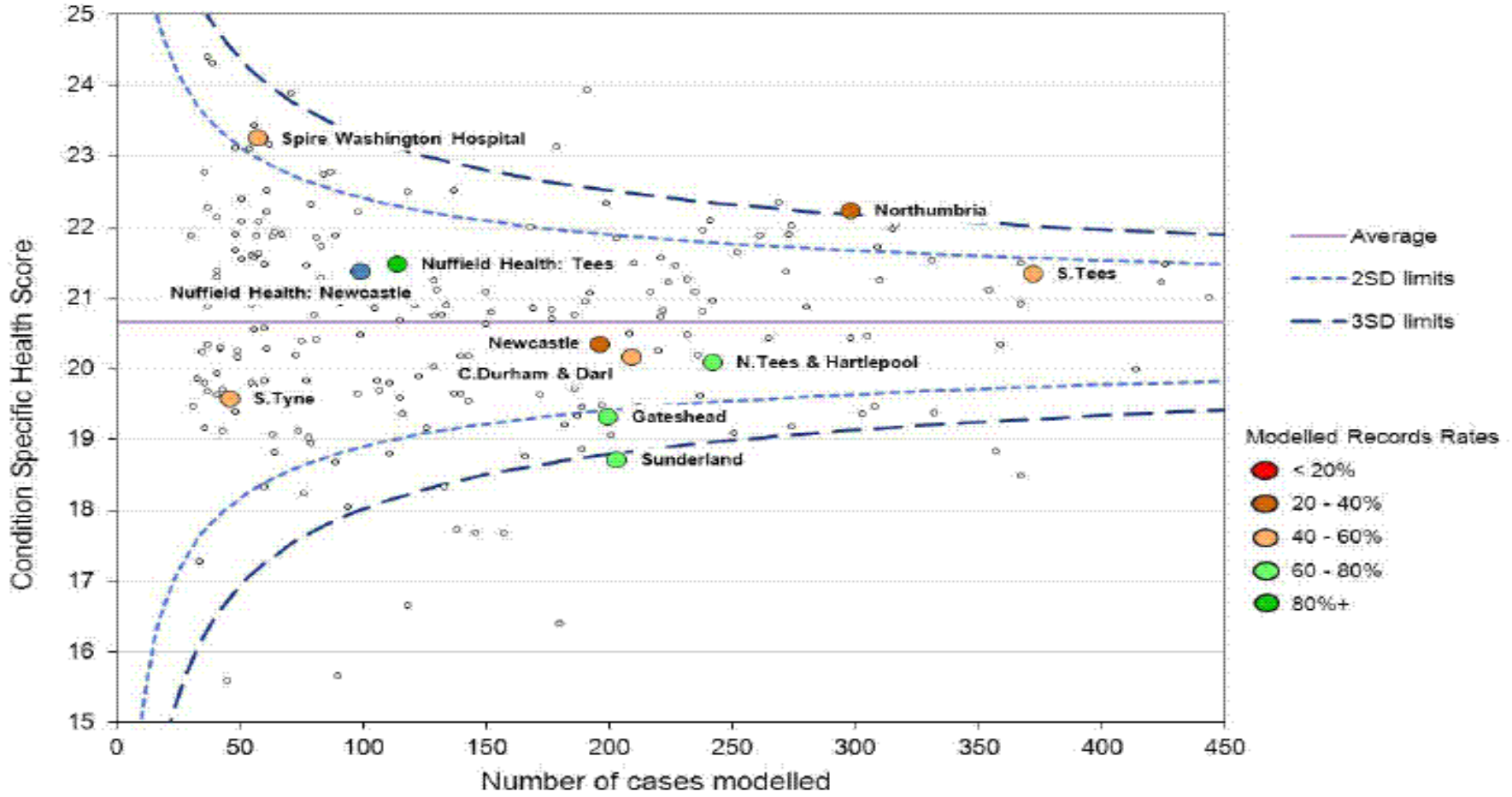


*Figure 6: **Primary** Hip Replacements: Oxford Hip Score Health Gain score (2011/12)*

Note: Nuffield Health Newcastle modelled record rates much > 100% indicating PROMs from sub-contracted cases included.

Aim

- To identify the factors responsible for low post op generic health gain
  1. Patient related
  2. Surgery related
  3. Institution related

- To plan and evaluate service improvement if needed

- Creation of audit and research database

Materials and Methods

- Retrospective Quality control audit
- Patients identified through Clinical governance database
- Collection/Cross check data from medical records for patients who showed negative or no change in EQ-5D VAS

Audit Proforma

- Patients demographics
- Primary/ Revision surgery
- Type of implant for primary
- Indication for revision
- Metal on Metal
- Operative Surgeon grade
- Pre & Post op EQ-5D VAS
- Pre & Post op Oxford hip score
- Enhanced Recovery
- Patient satisfaction (Medical notes)

PROMs journey

Pre operative

Pre op Q filled in PAC without assistance

Intra operative

Primary/Revision, Type of implant , MoM, Surgeon's grade

Post operative

Enhanced recovery, post op Q, data collection

Results

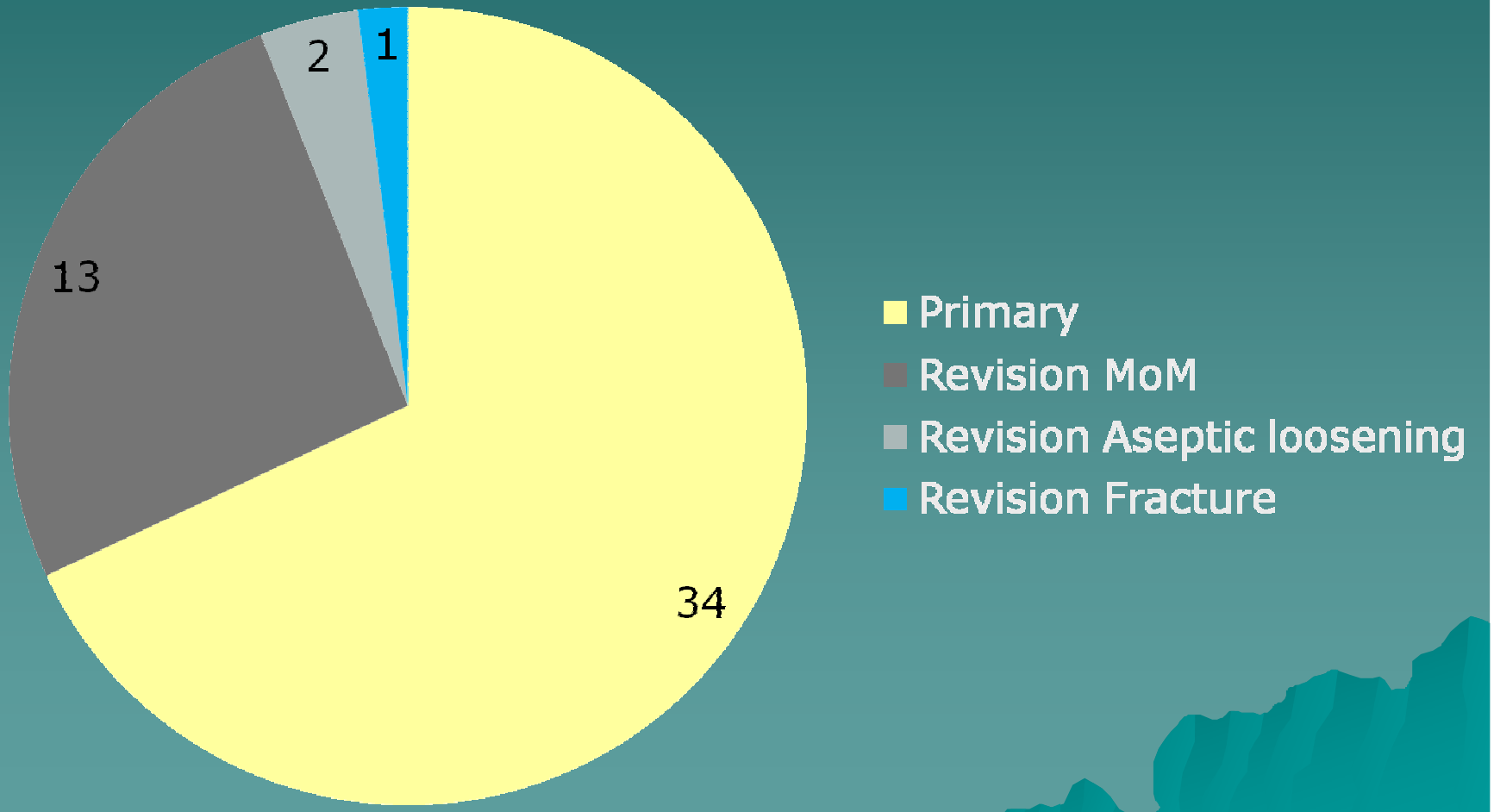
- Total number of patients-137
  (April – Dec 2011)
  EQ-5D VAS Positive - 87
  Negative - 37
  No change - 13

- Males-56, Females- 81

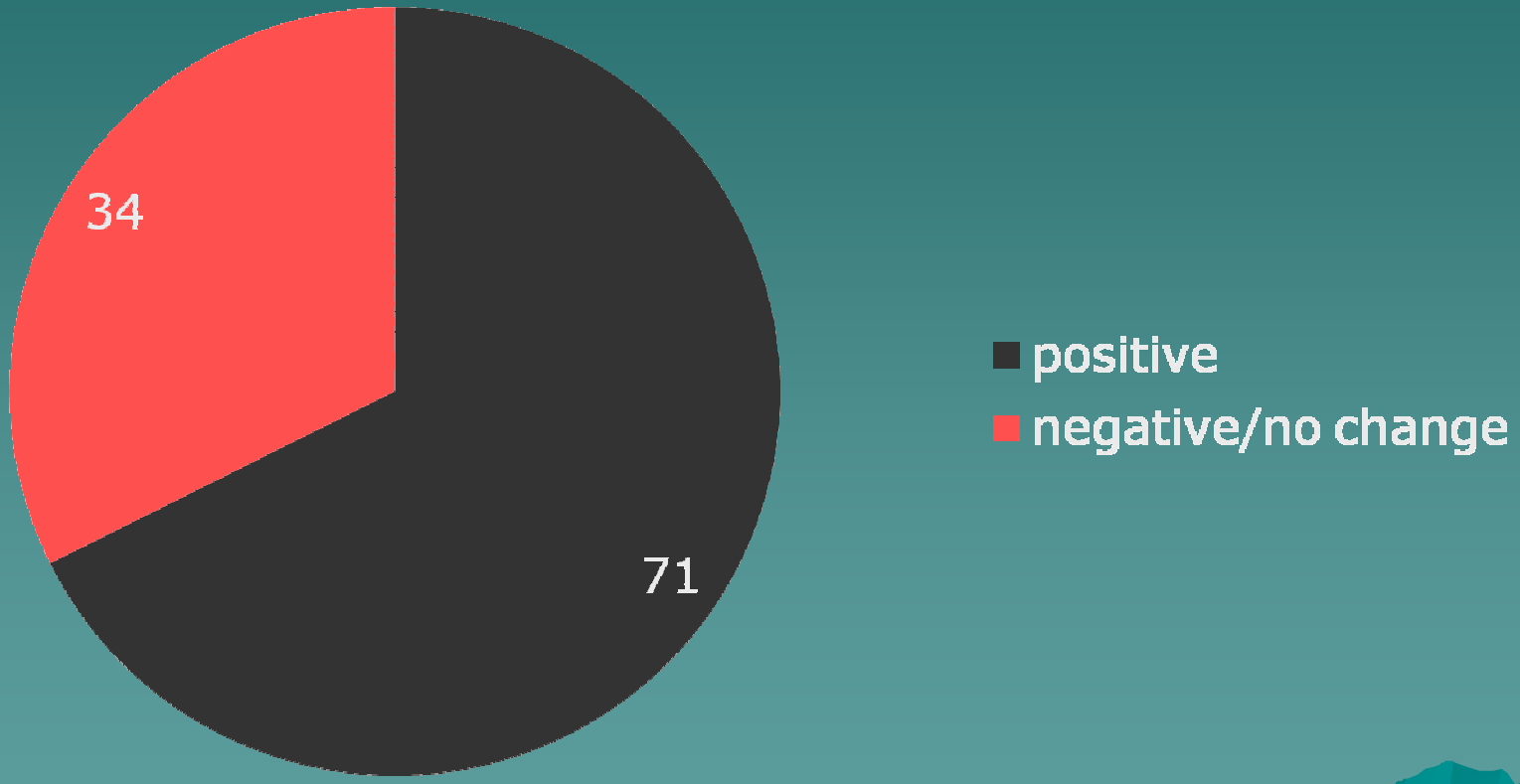
- Average age- 67.3 (28-87 yrs)

50 pts: negative/no change in EQ 5D VAS

34- primary THR & 16 Revision THR

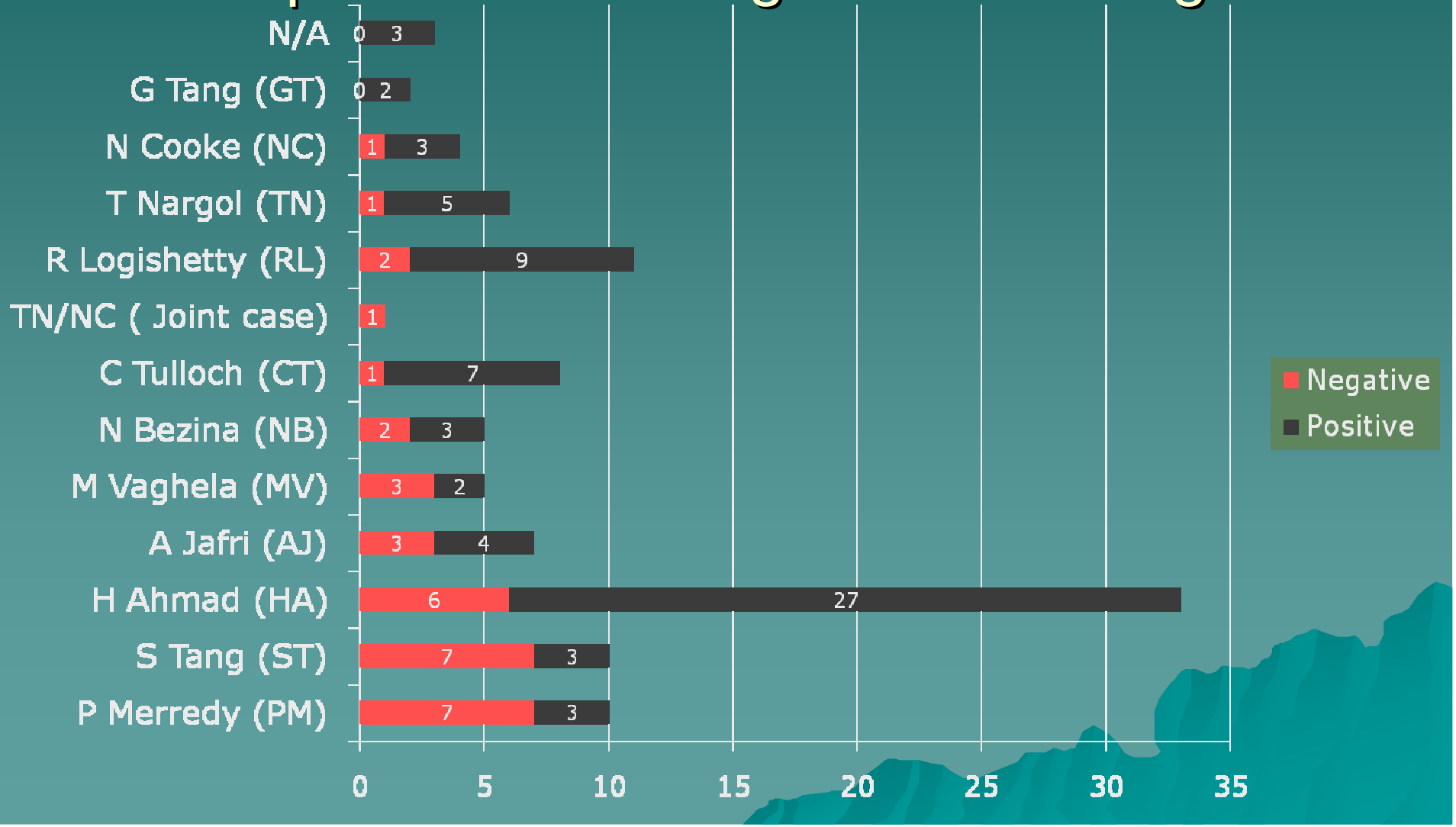


Primary THR -105/137 pts

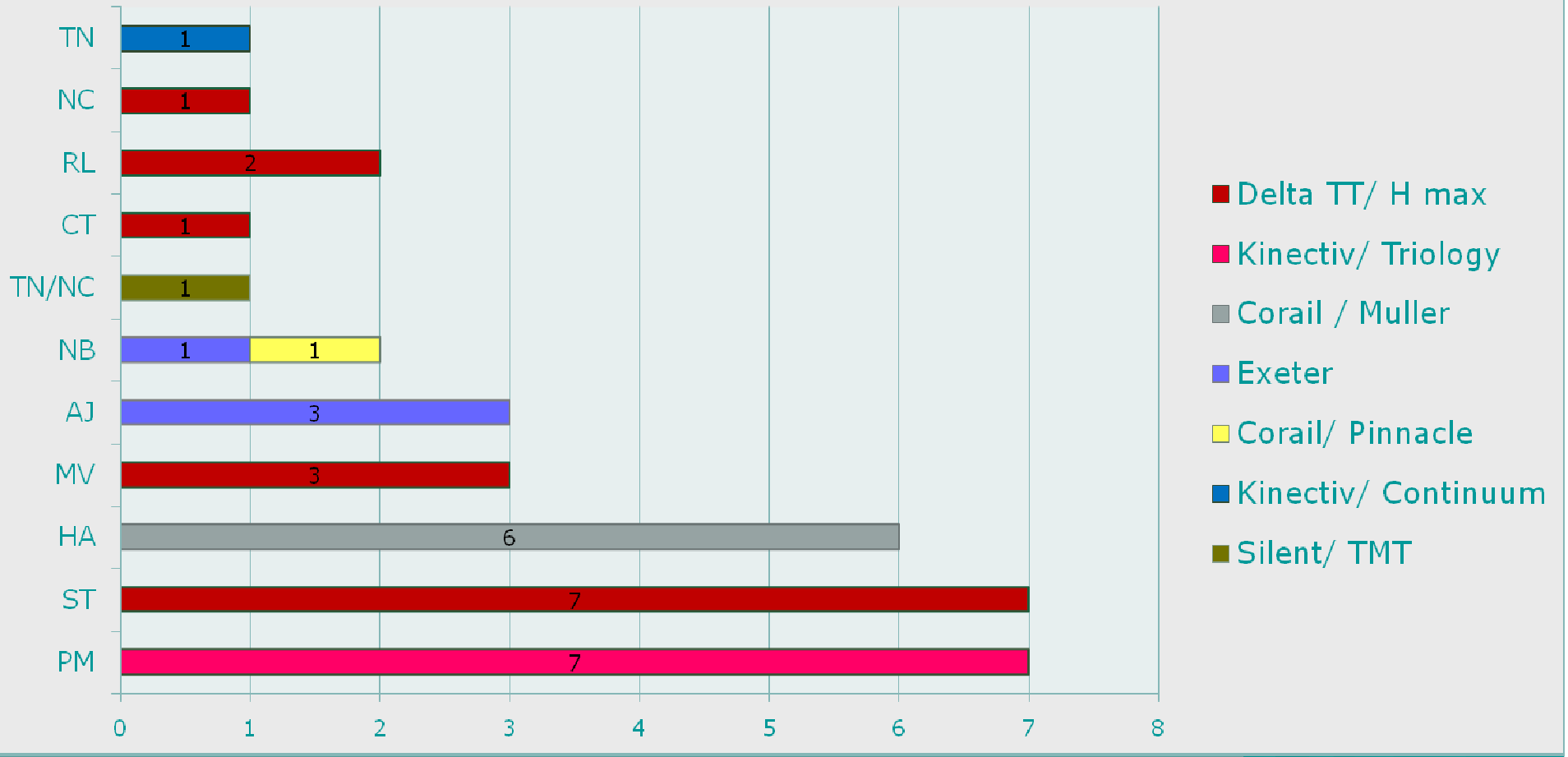


Primary THR distribution (105/137)

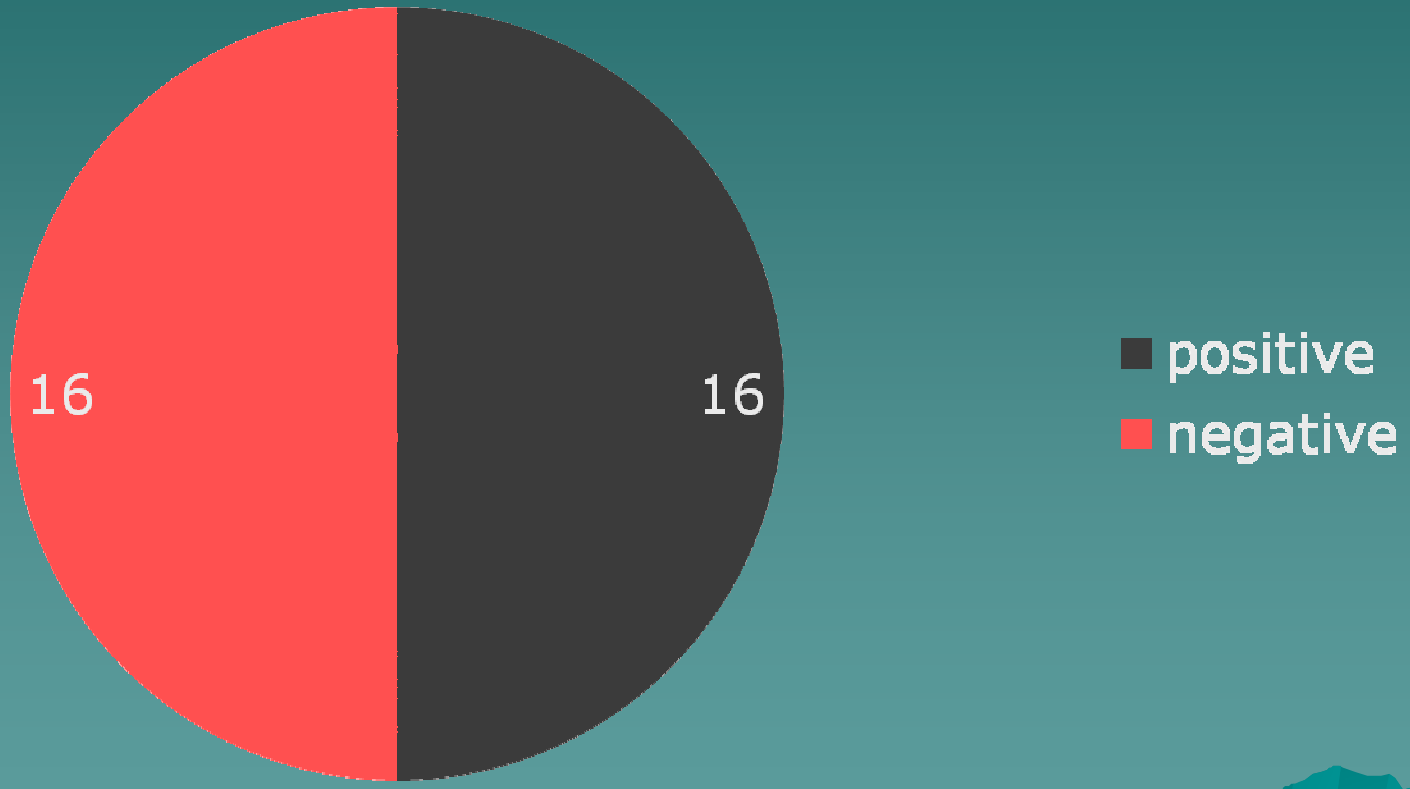
71 positive & 34 negative/no change



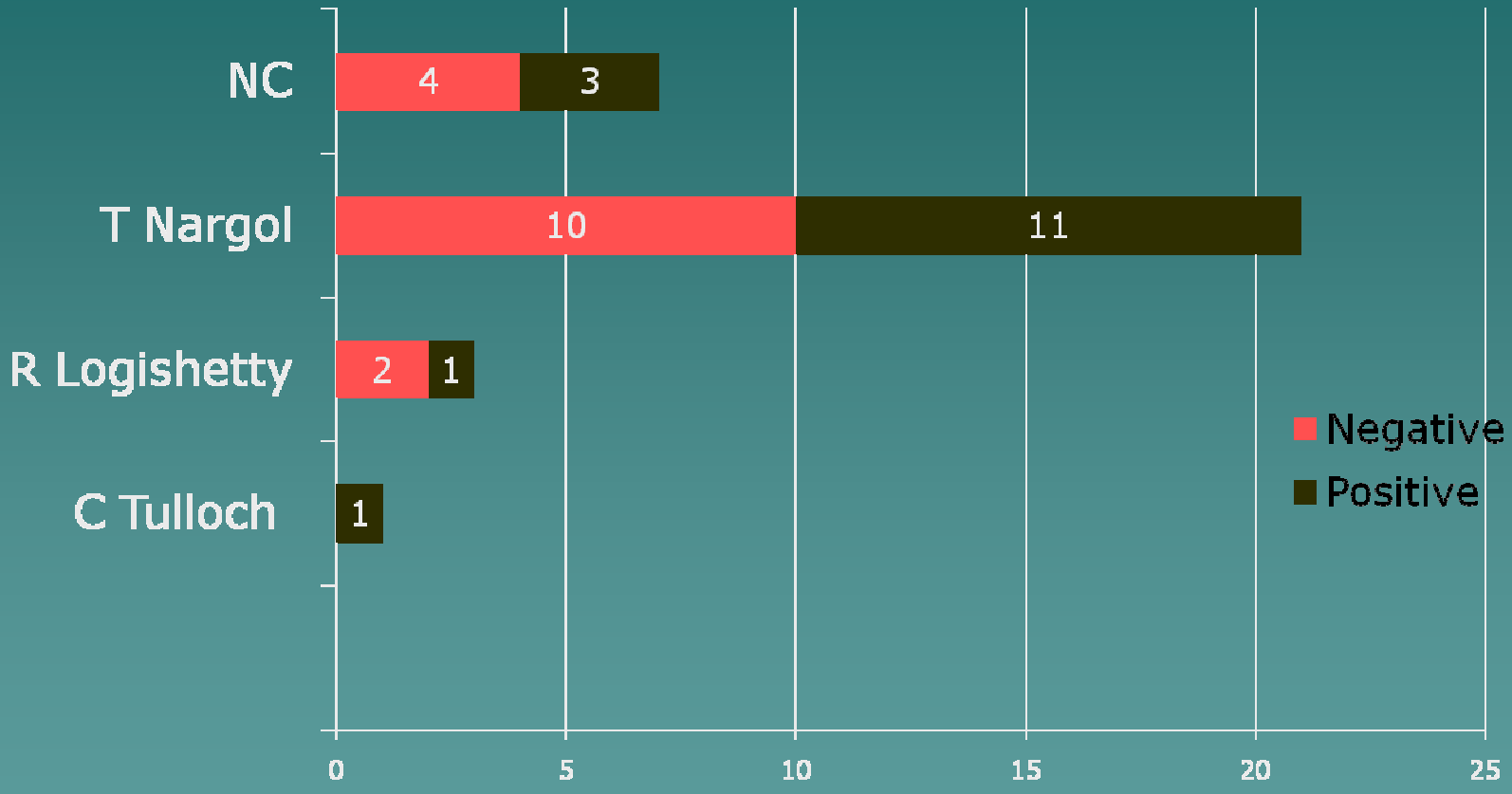
Implant distribution for primary THR
(34 patients: negative/no change)



Revision THR -32/137 pts

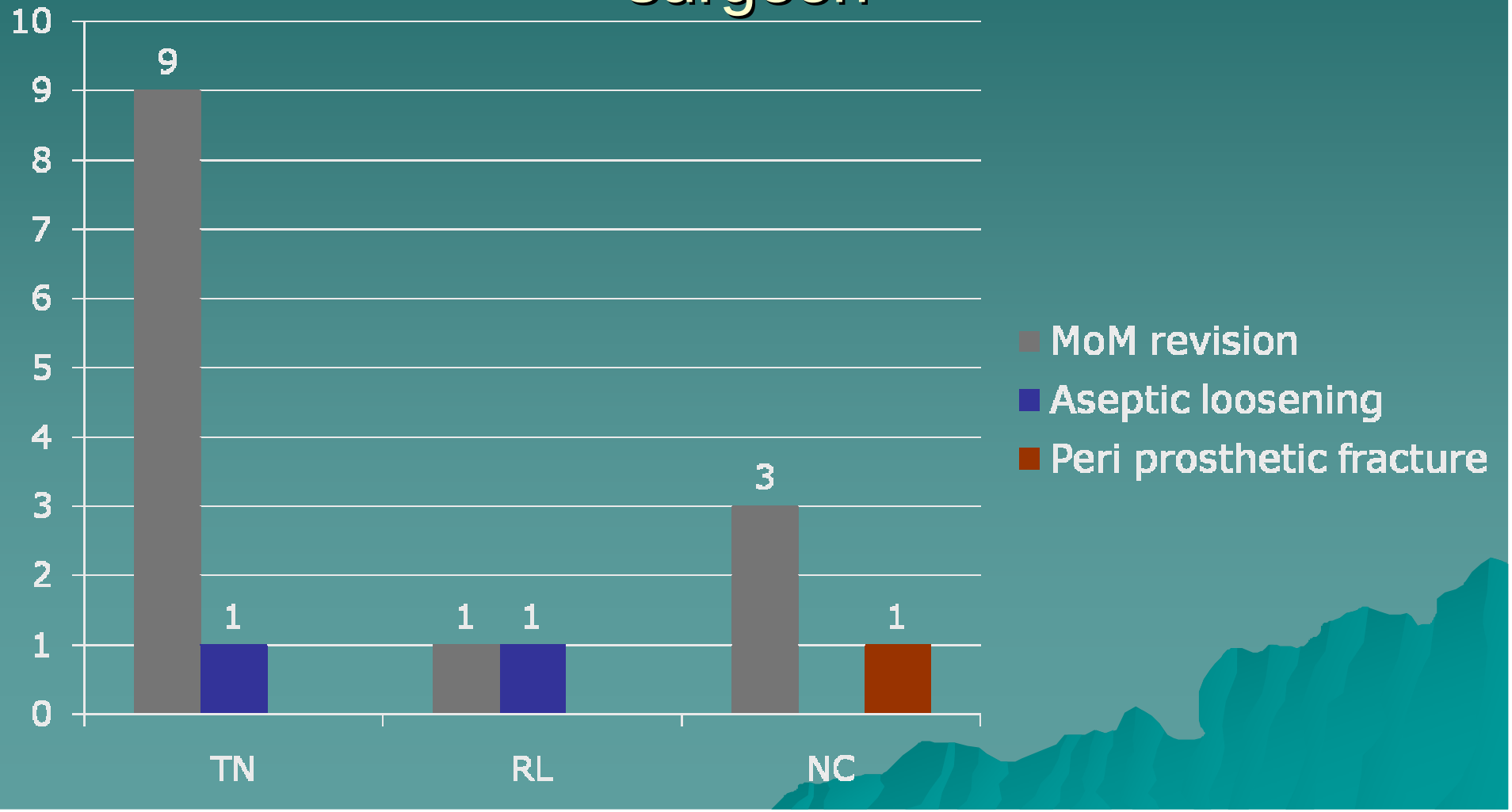


Revision THR (32/137 pts)
16 pts: negative, 16 pts: positive

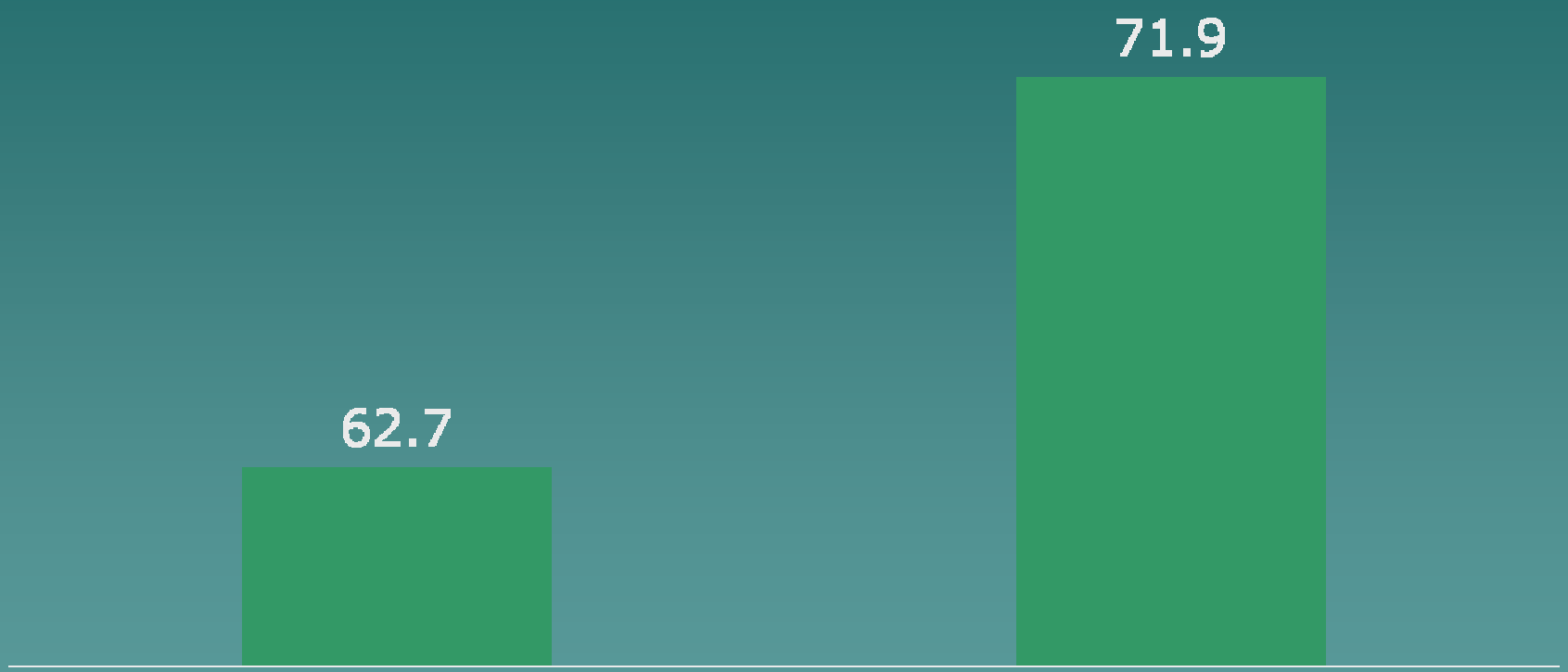


Revision THR (16/50) negative EQ-5D

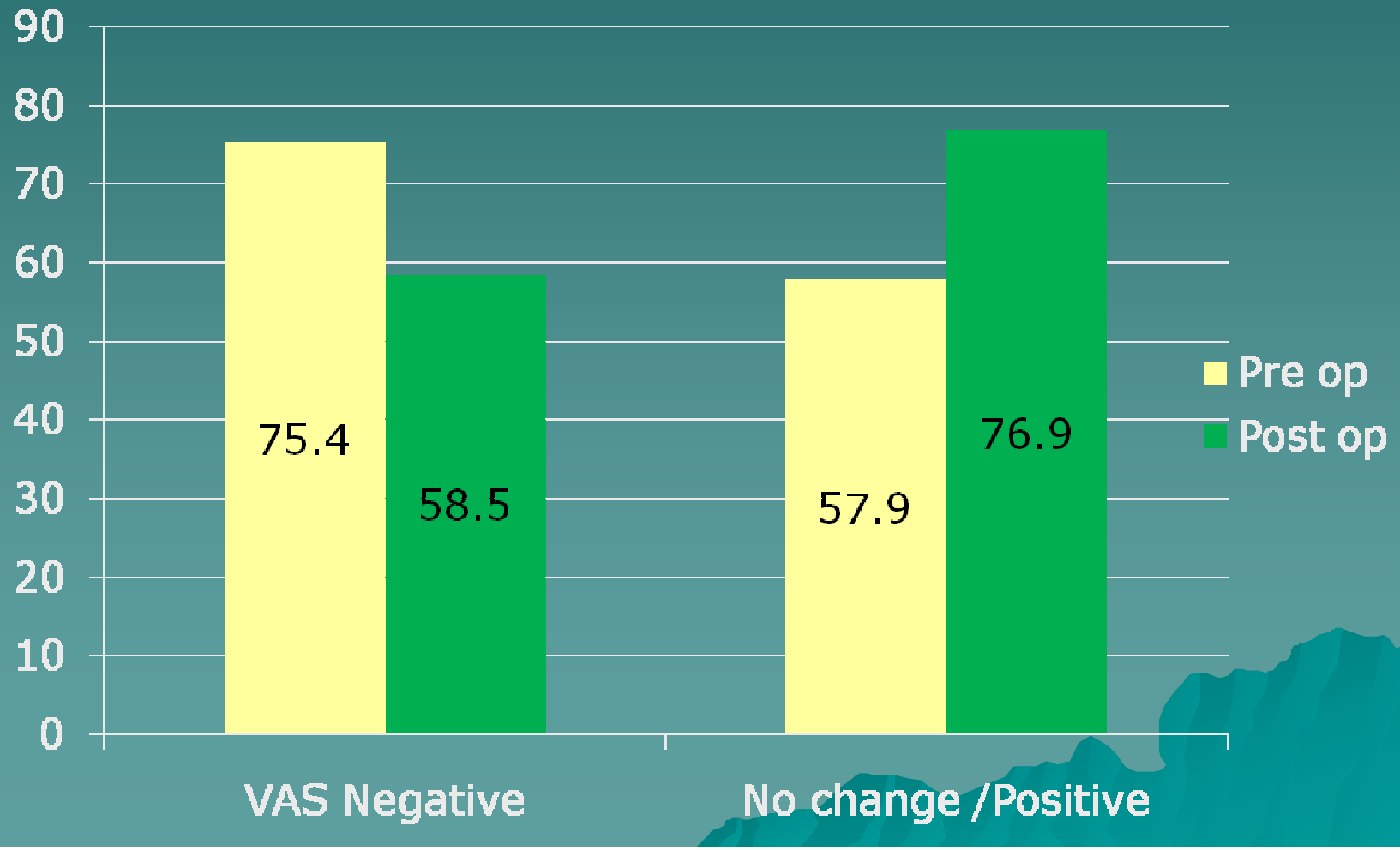
Indication for revision according to primary surgeon



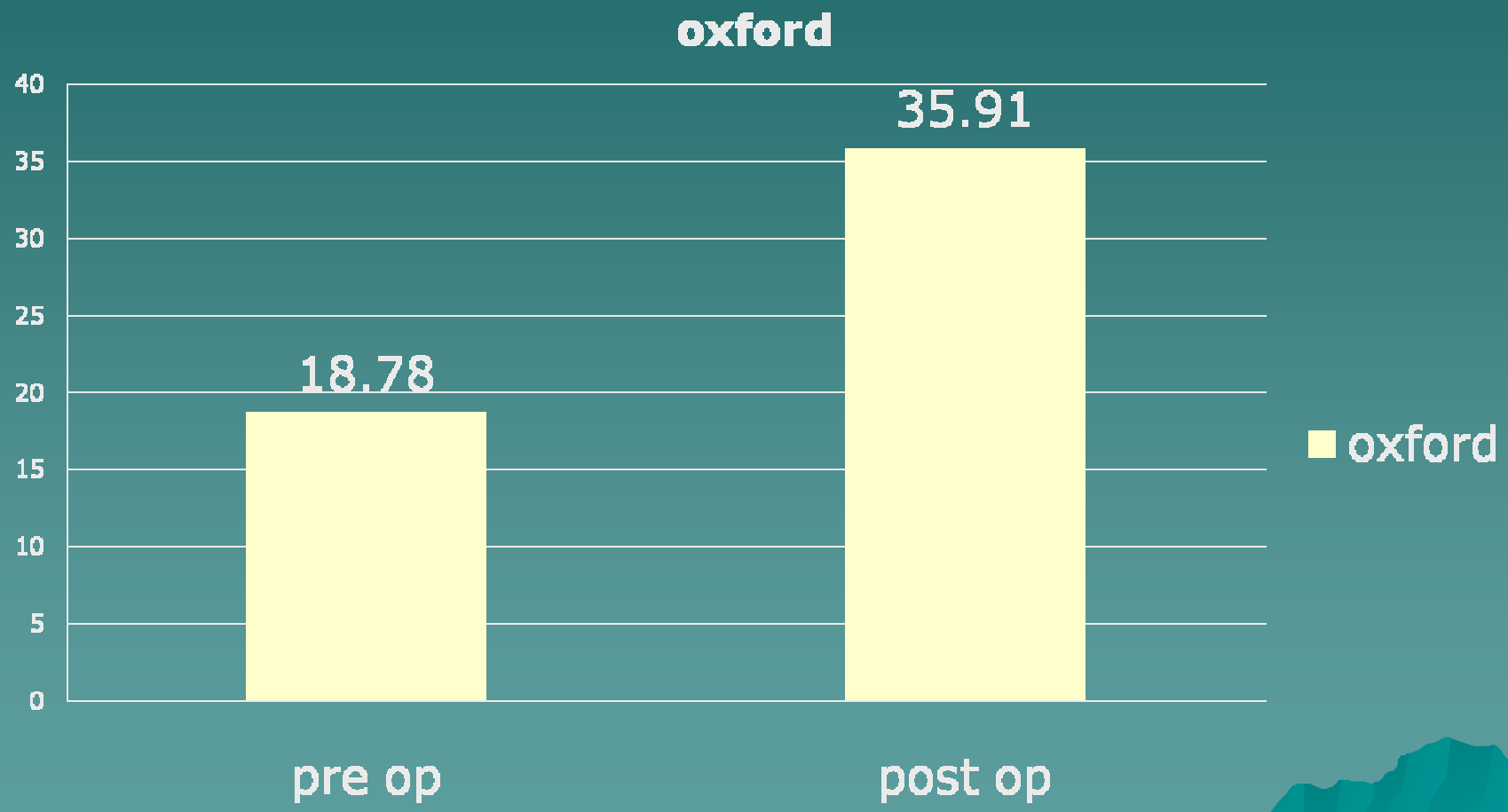
EQ-5D VAS 137 pts



EQ-5D VAS score
negative: 37 pts
no change / positive: 100 pts

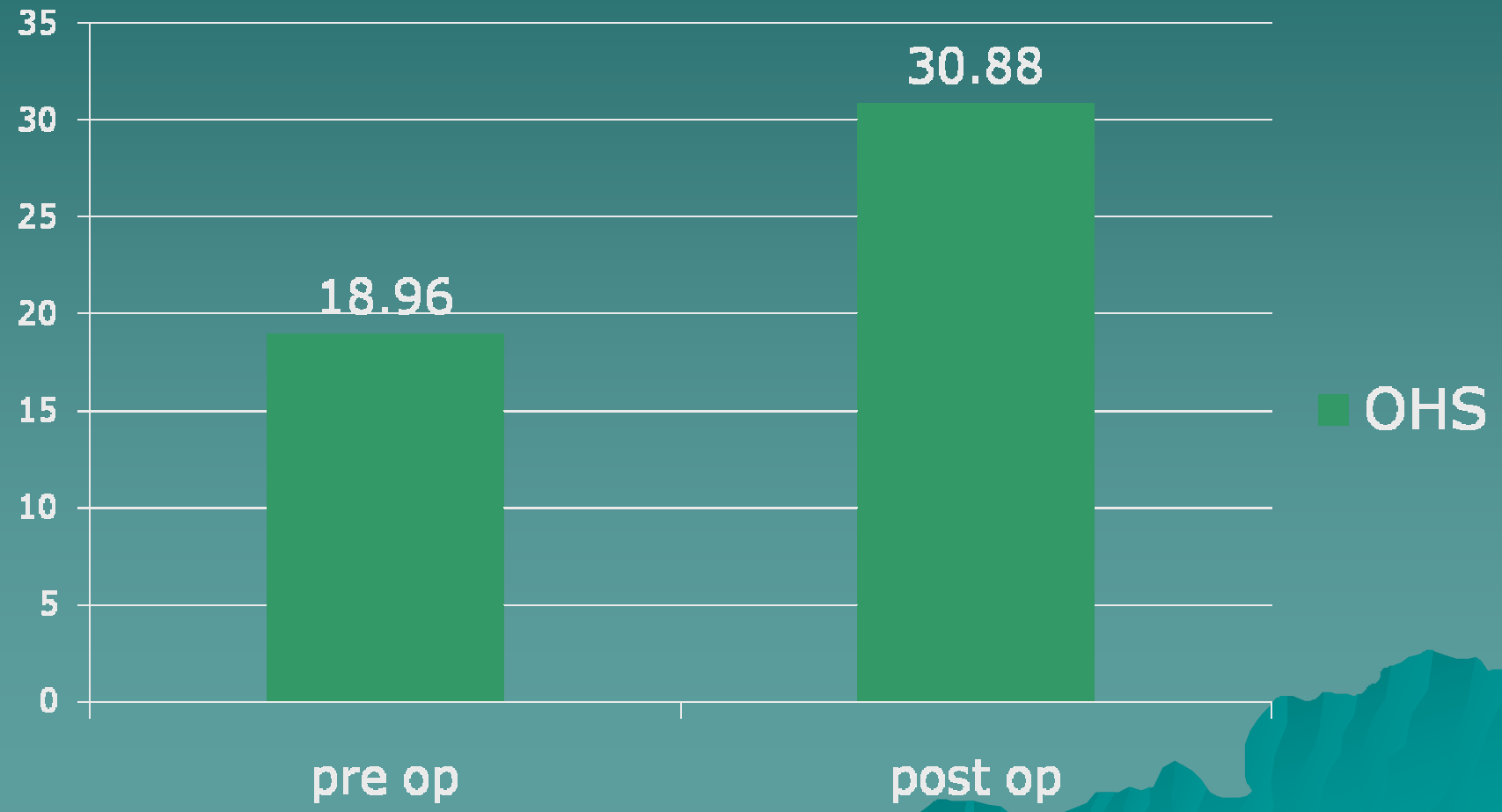


Oxford score (137 pts)



Oxford score

50 pts with negative/no change EQ-5D VAS



MoM revisions (25/137)

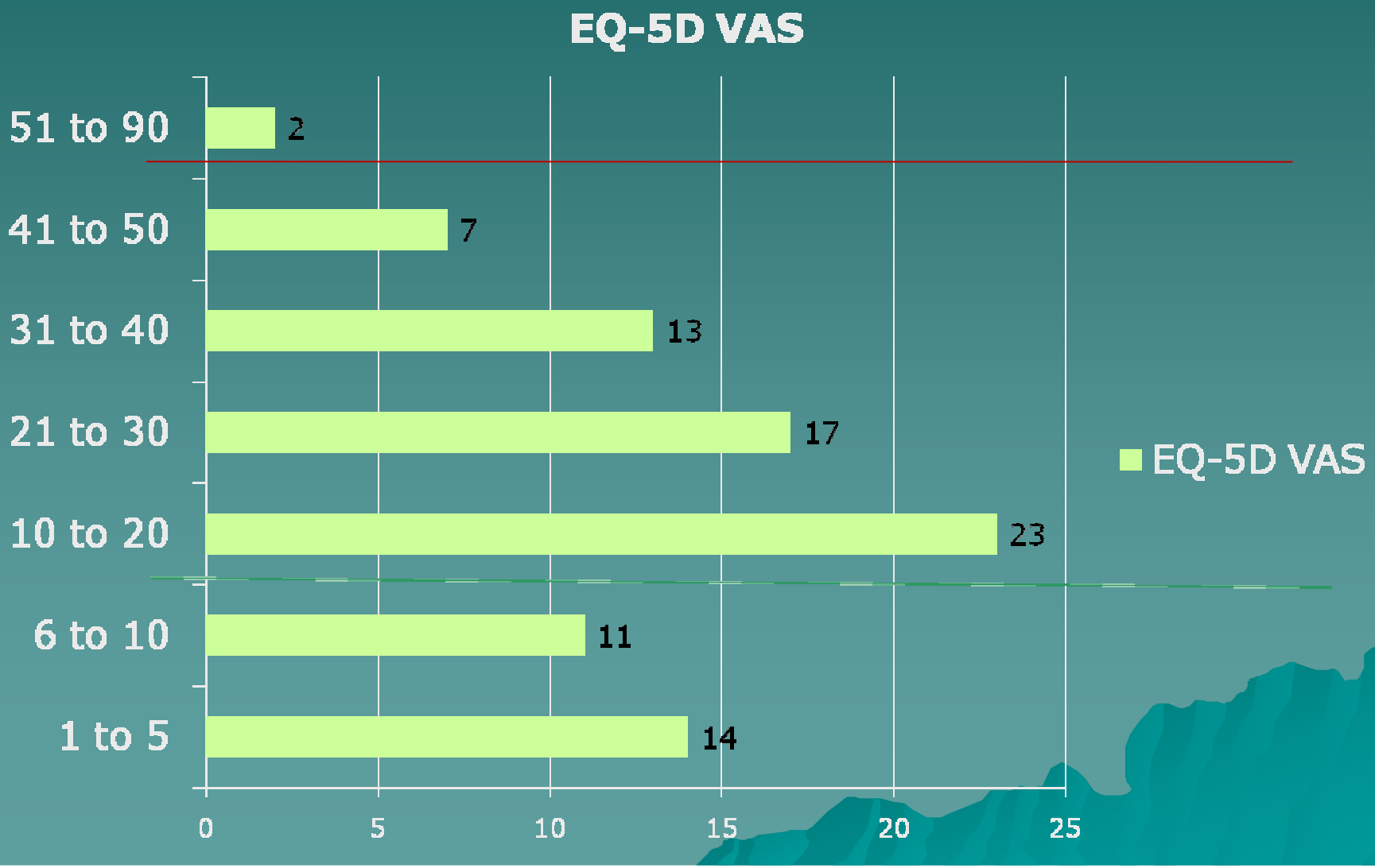
	Pre op (Q1)	Post op (Q2)	Health gain (Q2-Q1)
EQ 5D VAS	57.96	60.56	2.6
Oxford hip score	23.60	27.40	3.8

Non MoM hip replacements 112/137 patients

	Pre op (Q1)	Post op (Q2)	Health gain (Q2-Q1)
EQ 5D VAS	63.75	74.52	**10.77***
Oxford hip score	17.70	37.82	**20.12***

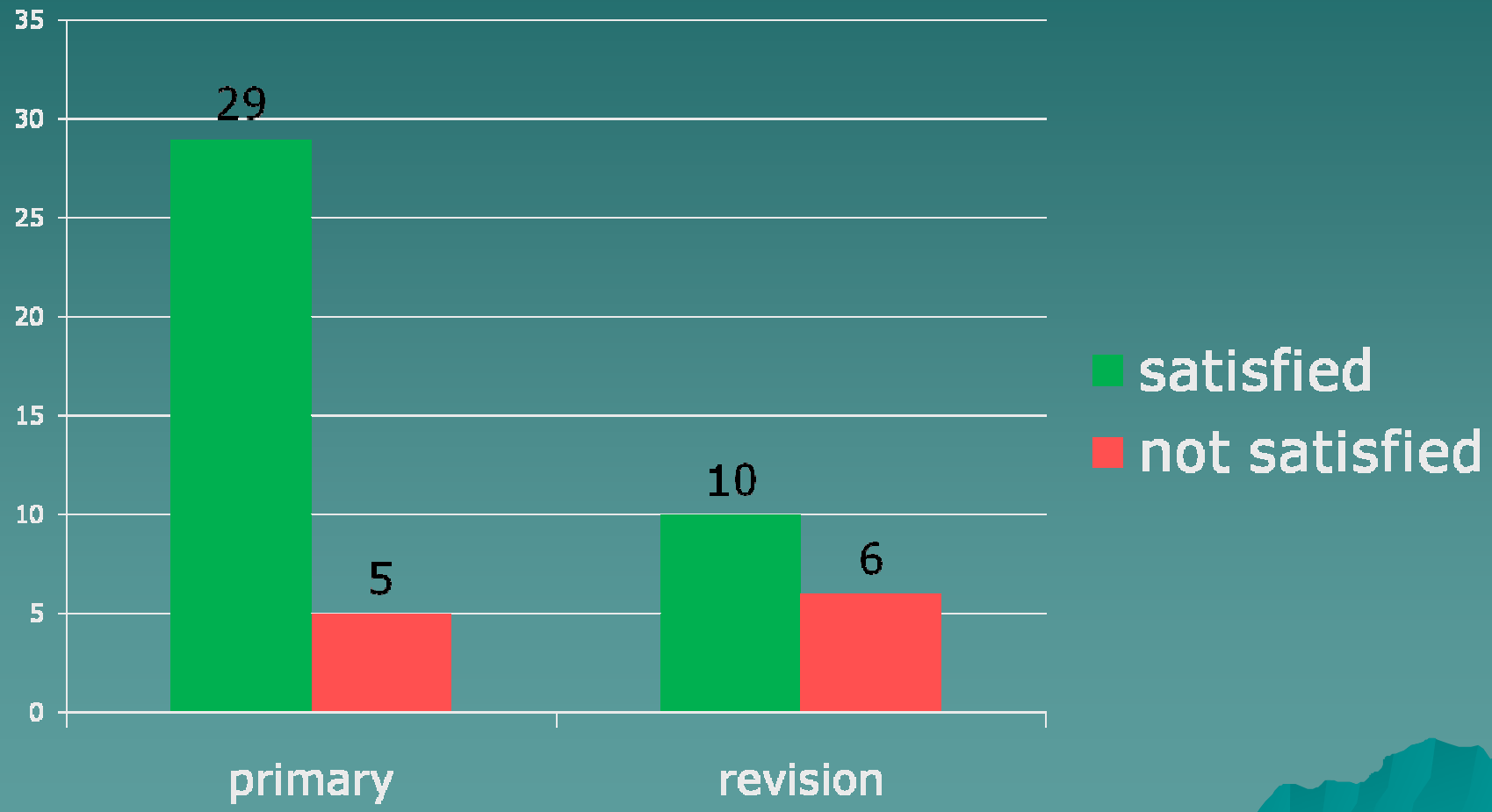
**Both health gains nearly similar to rest of England*

Post op (positive scores: 87 pts)
Scale change: pre & post op



Patient satisfaction

50 pts with negative/no change in EQ-5D VAS score



Results

- 3 pts – Enhanced recovery pathway
- Surgical database of 50 pts with negative EQ 5D VAS, matched with medical records

  *4 pts- operative surgeon incorrect

  * 1 pt - incomplete records in database
- 16/34 primary performed by Consultants
- All revisions performed by Consultants.
- 7 different types of primary THR

  14/34 pts Delta TT/H max prosthesis

Discussion

- Patient scoring and their relative understanding of EQ 5D & OHS
- PROMs Q / PROMs meeting
- ? Lead clinician / Nurse for PROMs
- Coding – can be improved
- PROMs questionnaire copy to be kept in pt's medical notes
- MoM patients -25/137 pts*

Hip resurfacings revised for pseudotumors have poorer outcomes

JBJS (Br) Aug 2009 ; Grammatopoulas et al

Mean post op Oxford hip score – 20.9

Discussion

- Patient satisfaction good (78%)inspite of low generic health gain for 50 patients and including MoM replacements
- EQ-5D VAS in our series

  Average pre op (Q1) 62.7

  Average post op (Q2) 71.9

  Health gain (Q2-Q1) 09.2
- Very high compliance of PROMs within the region (93.4%)

Comparison

Patients reported outcomes in the Swedish hip arthroplasty register

JBJS Vol 93(B),No-7, July 2011: 867-875

**One year follow up rather than 6 months follow up*

**Only primary THR's ,no revisions/ MoM hip replacements*

	Number of patients	Mean pre operative EQ-5D VAS Q1	Mean post operative EQ-5D VAS Q2	Health gain (Q2-Q1)
Swedish hip arthroplasty register *	34,960	54	76	22
North tees audit	137	62.7	71.9	9.2

EQ-5D VAS score by provider: hip replacement operations

Pre and post-operative results April 2011 to September 2012 (published 14th February 2013)

Source- Hospital episode statistics (HES) on line

Hospital	Q1 Pre op EQ 5D VAS	Q2 Post op VAS	Health gain (Q2-Q1)
England	65.04	75.90	10.86
Nuffield N.Tees	61.93	75.26	13.33
South Tees	61.42	75.60	14.81
North Tees	66.77	70.81	04.04
Northumbria	66.60	76.46	09.86
Newcastle	73.25	76.71	03.64
Current audit	***62.7***	***71.9***	***09.2***

Oxford hip score by provider: hip replacement operations

Pre and post-operative results April 2011 to September 2012 (published 14th February 2013)

Source- Hospital episode statistics (HES) online

Hospital	Pre op OHS Q1	Post op OHS Q2	Health gain Q2-Q1
England	17.66	38.55	20.88
Nuffield N Tees	18.66	40.52	21.85
South Tees	18.61	40.38	21.76
North Tees	17.30	33.73	16.42
Northumbria	17.78	38.63	20.84
Newcastle	19.30	40.43	21.13
Current audit	***18.78***	***35.91***	***17.13***

Conclusions

1. MoM revisions- Very low health gain
   (both EQ 5D VAS & OHS)

2. Low generic health gain but patient satisfaction good ~ 80% pts

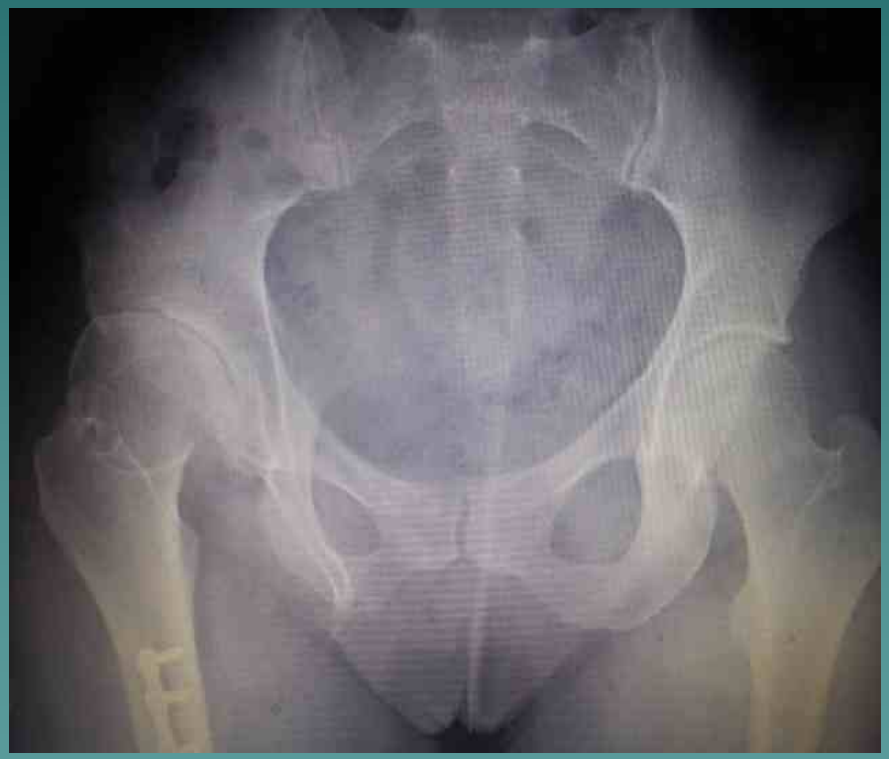
3. High pre op EQ 5D VAS (pts with negative or no change)

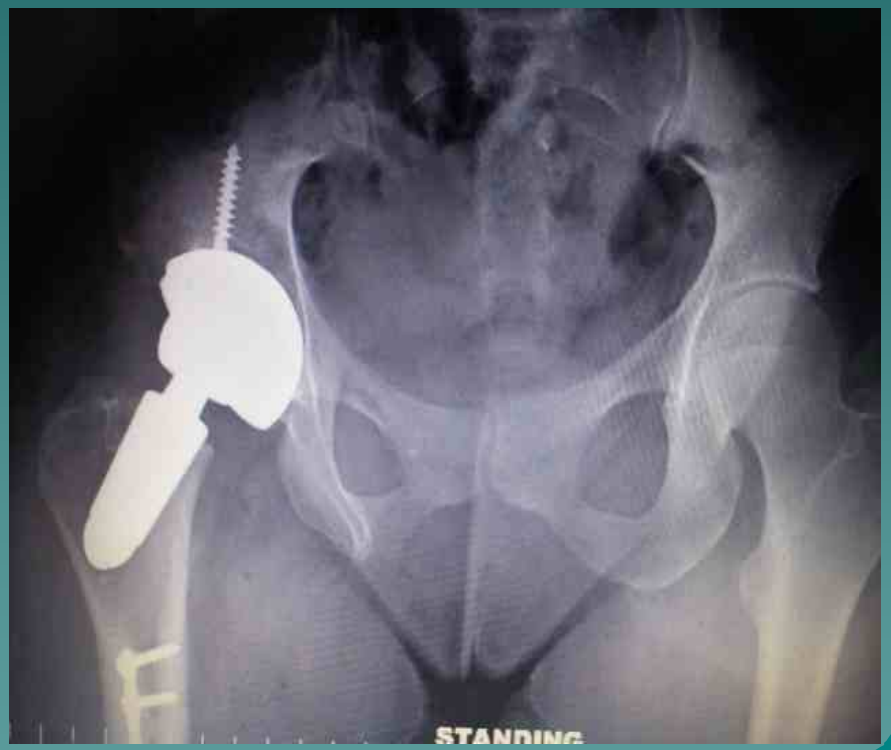
Conclusions

4. Surgeon's grade: Almost equal distribution of pts among Consultant & Non Consultant.

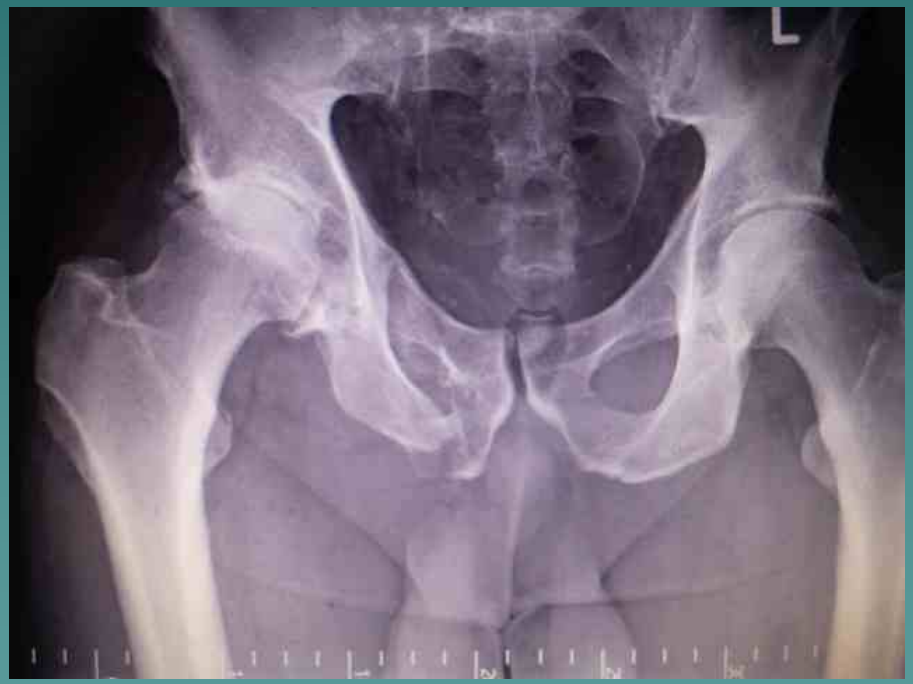
5. Enhanced recovery pathway (3/50 pts): does not contribute to low health gain

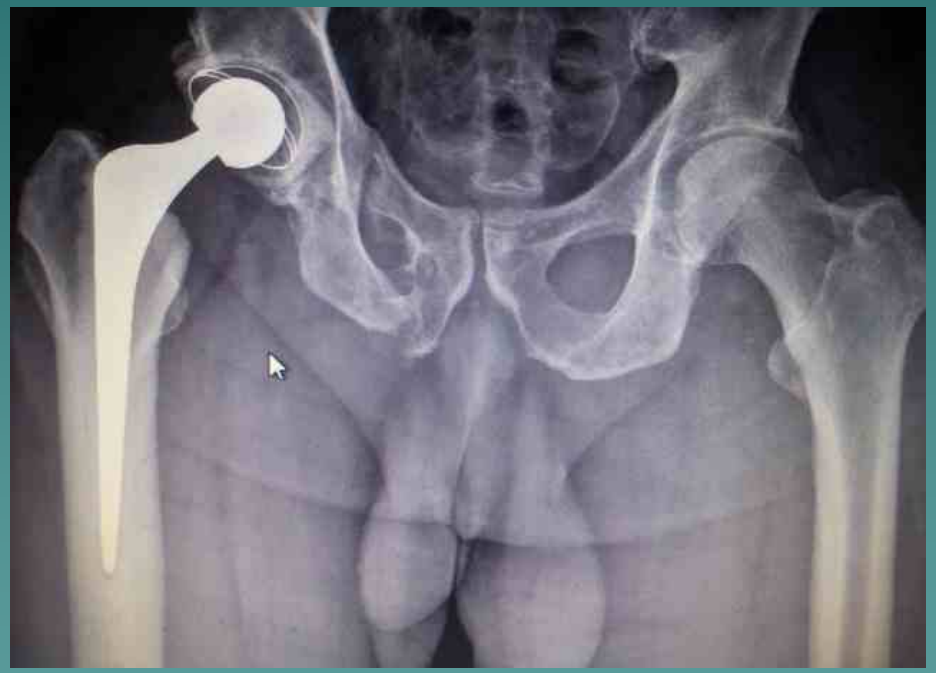
SF,30 f, EQ-5D pre op :90, post op:90
pre op OHS: 39, post op: 43
post op satisfaction :good





WR,65 m, EQ-5D pre op :84,post op:48
OHS pre op : 22 post op: 34
patient satisfaction : good

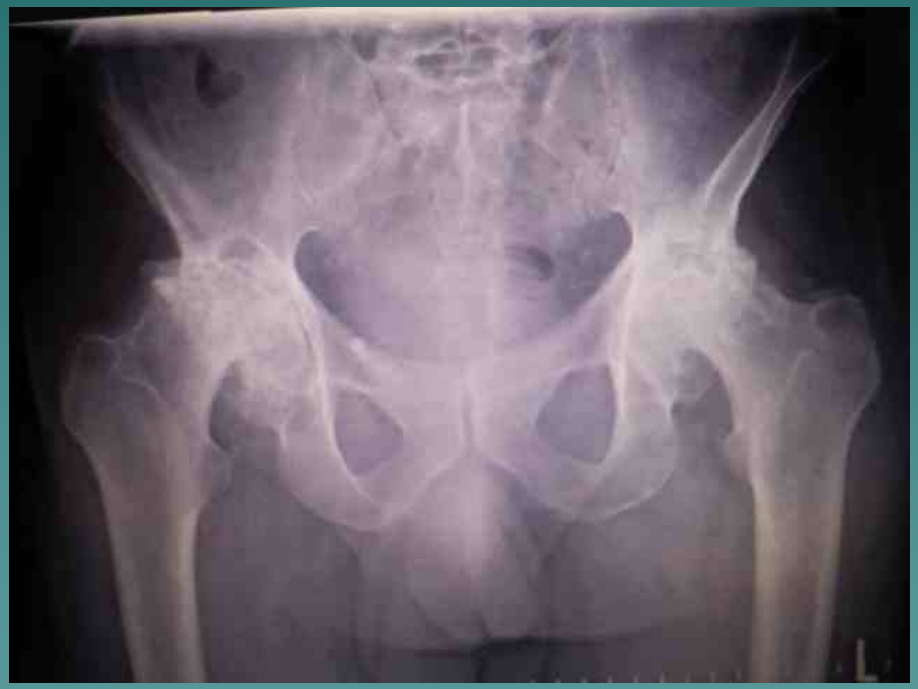


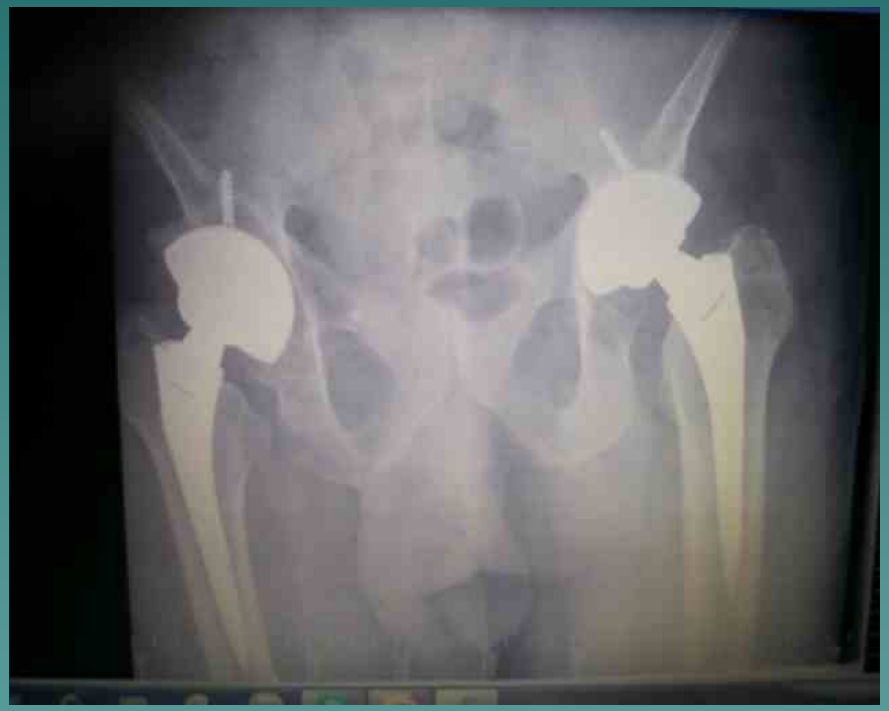


JH,87 m, pre op EQ-5D: 70,post op:40

OHS pre op: 06 , post op: 31

patient satisfaction: good





Roles and responsibilities

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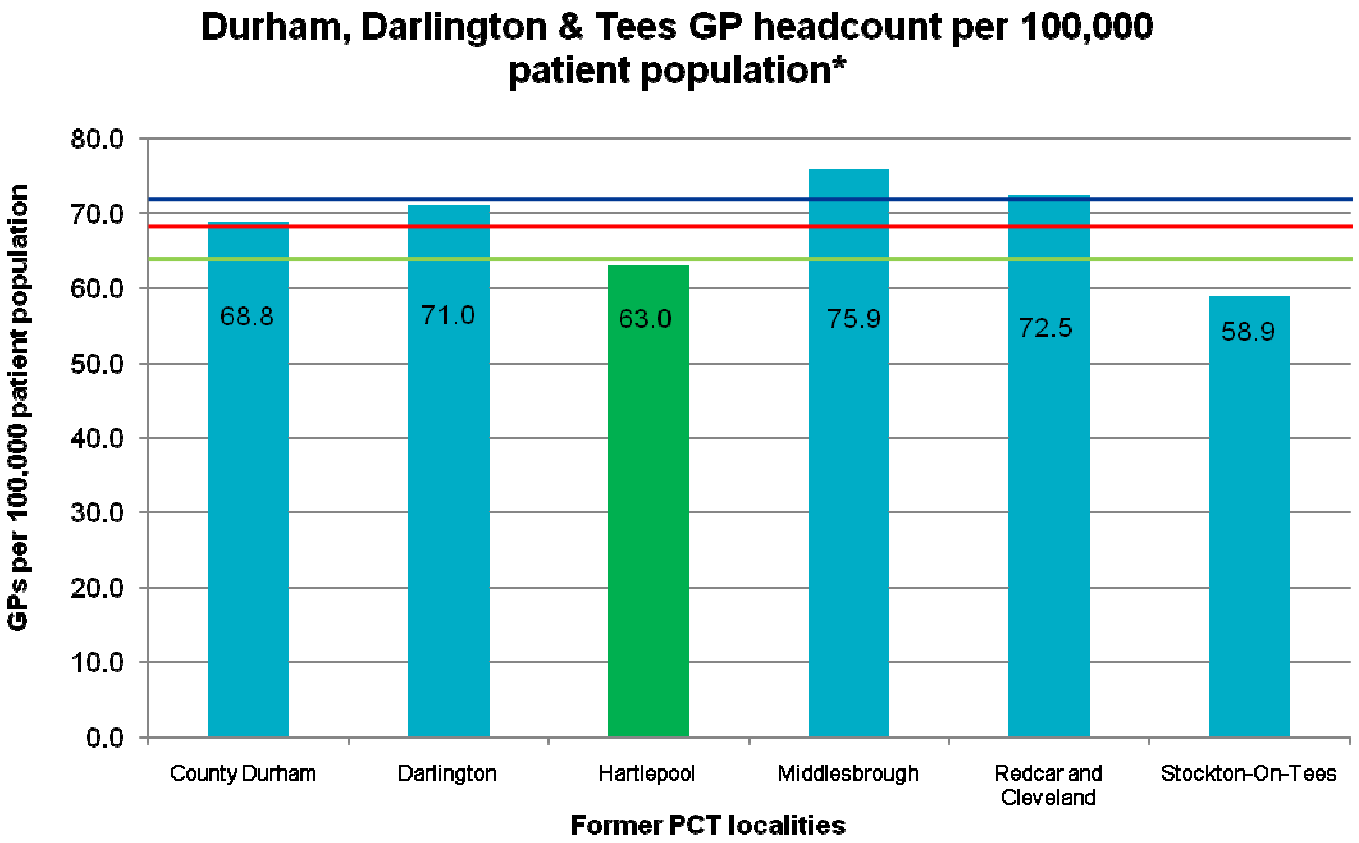
- 95,142 registered patients in the town

Current workforce position



Slightly below average GP/patients ratio

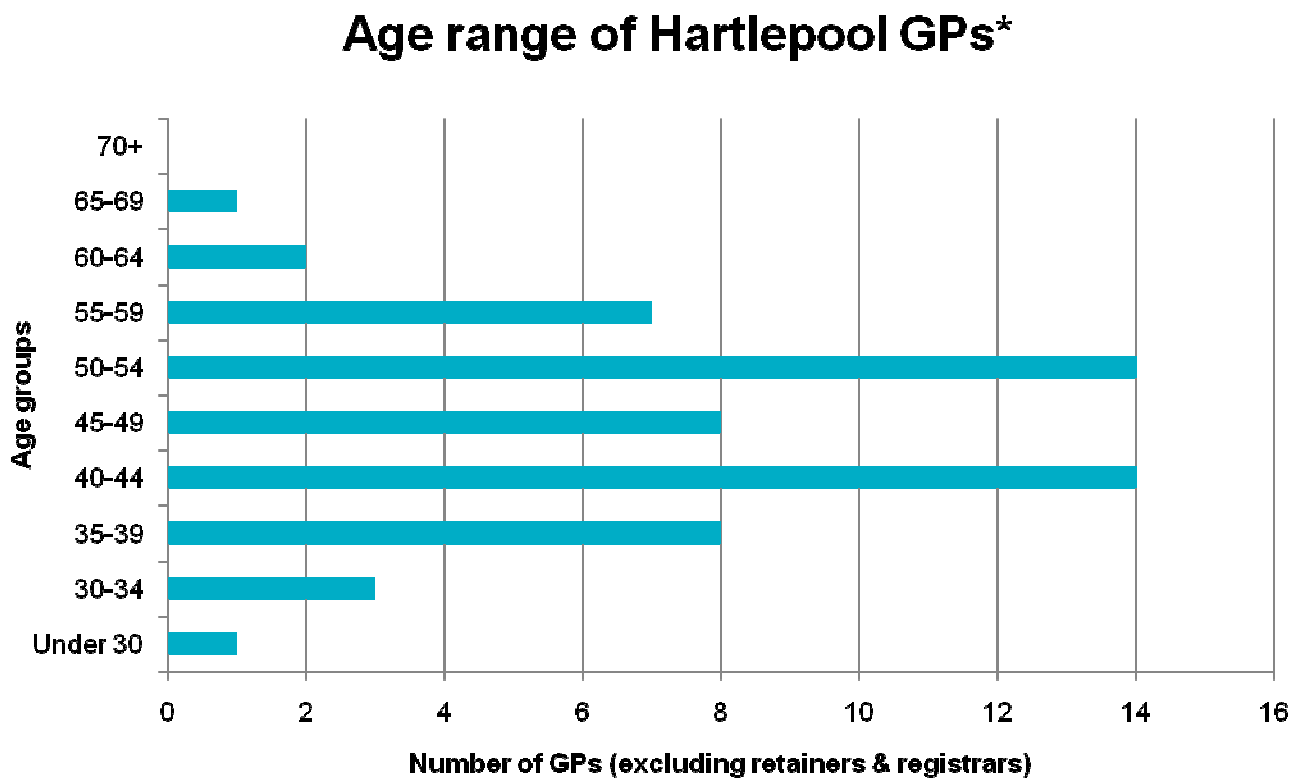
North East average: 71.3

Durham, Darlington and Tees average: 68.3

England average: 71.3

*Data from Health & Social Care Information Centre, 2012

Current workforce position

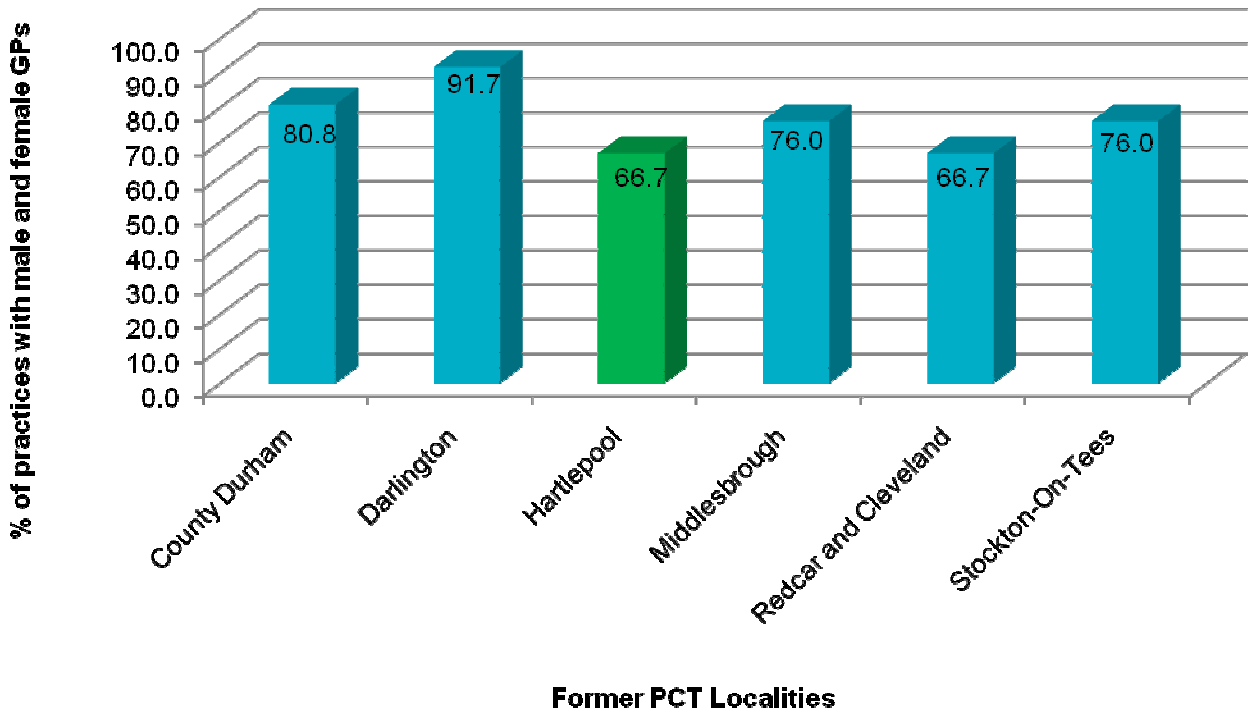


- 17.2% of Hartlepool GPs are aged 55 and over
- Durham, Darlington and Tees average: 22.8%
- North East average: 20.8%
- National average: 22.5%

**Data from Health & Social Care Information Centre, 2012*

Current workforce position

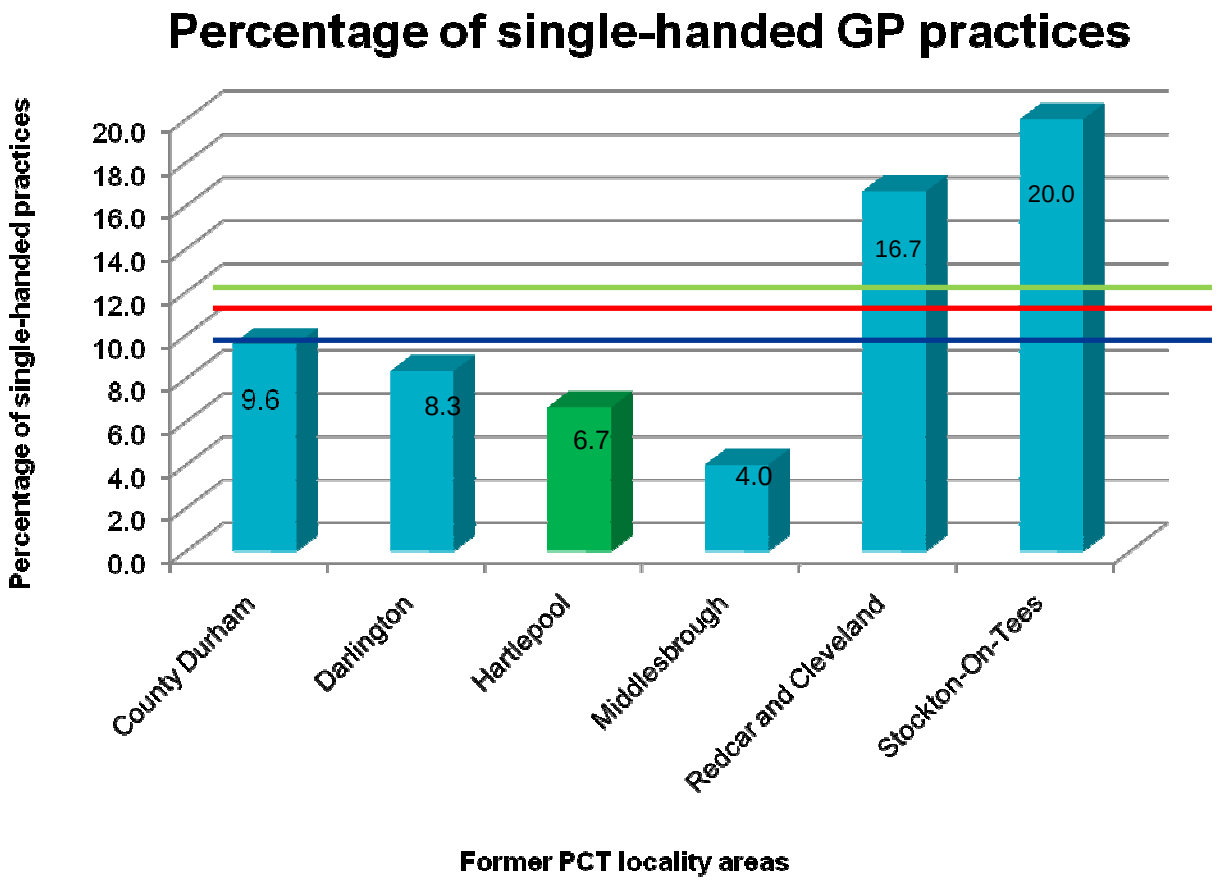
Percentage of practices with both male and female GPs



- Below average number of practices with mix of male and female practitioners

 **Data from Health & Social Care Information Centre, 2012*

Current workforce position



- Lower number of single-handed practices

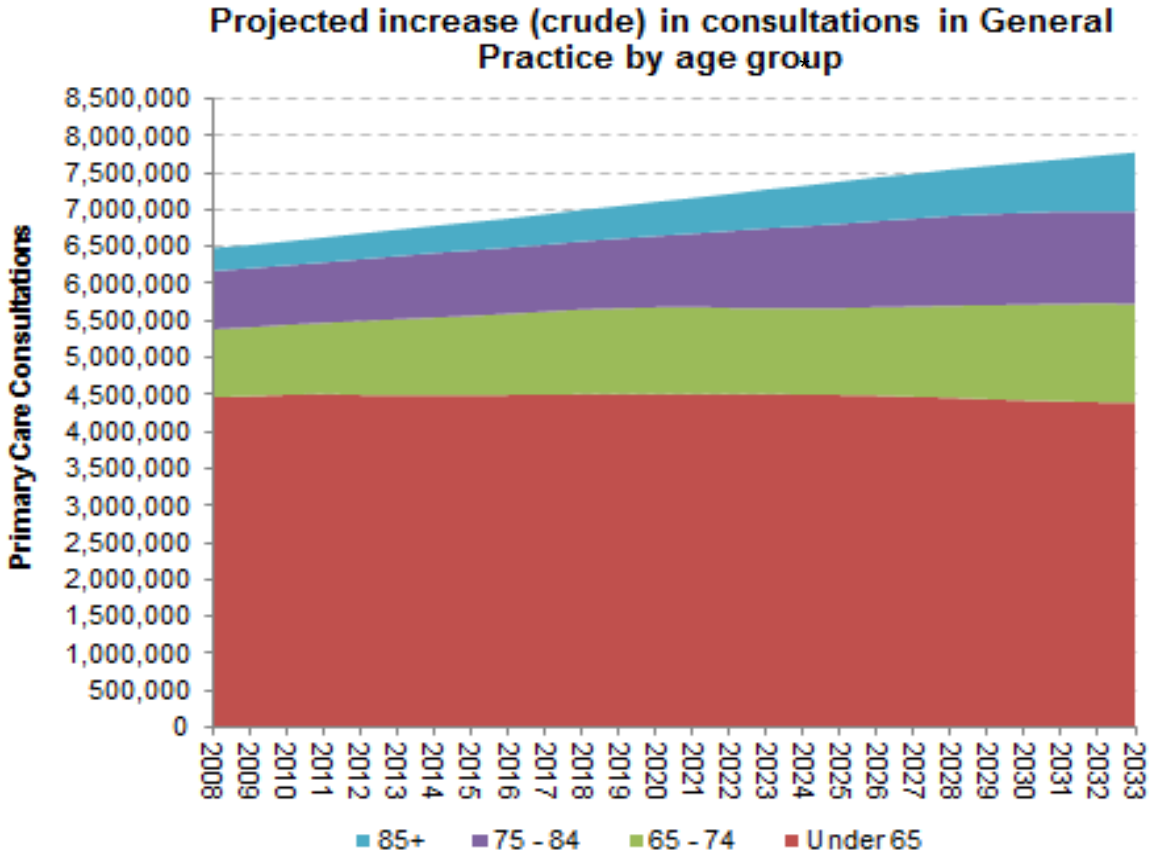
Durham, Darlington and Tees average 10.9%:

North East average 9.0%:

England average 11.4%:

 **Data from Health & Social Care Information Centre, 2012*

Increasing demand on general practice



- Projected increase in demand on general practice in line with predicted Durham, Darlington and Tees population increase

**Locally modelled demand for general practice using Office for National Statistics and HSCIC data*

But…increase in training places

- Annual intake for the Durham & Tees GP training programme has expanded from 15 in 2005 to 48 in 2013
- Expected to take 64 registrars in August 2014 and 78 from August 2015
- North East area has been fully recruited to for last three years
- New purpose built GP training facility at University of Durham's Queen's Campus, Stockton

What else are we doing?

- North East public relations campaign to attract newly qualified GPs
- New system to promote ‘live’ vacancies to all registrars in final placement and to GPs within six months of qualification
- Exploring innovative posts in general practice
- Greater commissioner involvement in workforce planning
- Primary care strategy development – identifying practices with available capacity to potentially become training practices

Monitoring and improving performance

Key to success:

- Greater joint working with area team and clinical commissioning groups – shared responsibilities

- Robust accountability agreements and assurance framework for performance management

- Single operating policies and procedures nationally for identifying, managing and supporting GPs whose performance gives rise to concern

Monitoring and improving performance

Systems and processes:

- GP Appraisal and Revalidation Operational Group
- Performance screening group to screen all concerns
- Performers List Decision Panel to make decisions on serious concerns
- Excellent cohort of GP appraisers and tutors on Tees who help us to assure high quality GPs
- Area Team performance tracker data base
- Regular quality assurance reports to key area team and multi-organisation groups including Quality Surveillance Group (QSG)

Monitoring and improving performance

- Role of Durham, Darlington and Tees Primary Care Quality Surveillance Group (QSG) to provide:

1. ‘A shared view of risks to quality through sharing intelligence
2. An early warning mechanism of risk about poor quality
3. Opportunities to coordinate actions to drive improvement’

QSG Terms of Reference

- Multi-agency involvement
- Range of quality data reviewed
- Soft intelligence considered

National ‘Call to Action’ for general practice

Seeks to:

- build on the strengths of general practice

- enable general practice to play a stronger role at the heart of more integrated out-of-hospital services

- explore ways of doing things differently to deliver better outcomes, more personalised care and excellent patient experience

Audit and Governance Committee

28 November 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: OUTPATIENT SERVICES UPDATE – COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust (NTHFT) and Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) who will be present at today's meeting to provide an update on the movement of some Outpatient Services from the University Hospital of Hartlepool to the One Life Centre.

2. BACKGROUND INFORMATION

2.1 During the 2012/13 Municipal Year the previous Health Scrutiny Forum considered information relating to the movement of some outpatient clinics to the One Life Centre. The Forum did not support these proposals.

2.2 At a meeting of the Health Scrutiny Forum held on 18 April 2013, the Forum was informed that the clinics would be made available at the One Life Centre from August. Hartlepool and Stockton-on-Tees Clinical Commissioning Group believe that the changes will bring real benefits to Hartlepool patients accessing these services and to the quality of the services themselves.

2.3 Representatives will be in attendance at today's meeting to provide an update (attached as **Appendix A**) on the movement of some Outpatient Services from the University Hospital of Hartlepool to the One Life Centre.

3. RECOMMENDATION

3.1 That Members note the content of this report, seeking clarification on any issues from the representatives present at today's meeting.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Minutes of the Health Scrutiny Forum – 18 April 2013

Hartlepool Audit and Governance Committee
Update on the relocation of Outpatient Services from University Hospital of Hartlepool to One Life Hartlepool
November 2013

Introduction
The purpose of this briefing paper is to provide the Committee with an update on the relocation of a number of outpatient clinics from the University Hospital of Hartlepool to One Life Hartlepool as part of the *Momentum: Pathways to Healthcare programme*.

Background
As previously discussed with the Committee a number of outpatient clinics will be relocated to One Life Hartlepool. The original intention was to move these clinics by August 2013, however due to other service changes within the Trust and the need to formalise lease arrangements for use of the rooms in One Life Hartlepool these moves have been delayed until early in 2014.

Current Position
The commitment to the Momentum Pathways to Healthcare Programme remains with the key element being to deliver services closer to home and to offer patients the best possible service.

A number of clinics will be relocated to One Life Hartlepool, however it should be noted that where there are complex clinics within these specialties these will remain at the University Hospital Hartlepool.

Rheumatology
Diabetes
Respiratory
Pain Services including acupuncture and transcutaneous nerve stimulation
Ear Nose and Throat (ENT)

There will be no change or reduction in services offered to the population of Hartlepool.

Next Steps
To formally agree the lease with Community Health Partnership (CHP) who now hold the Lease for One Life Hartlepool.

To agree the timings of clinic moves in a phased approach commencing in early 2014.

To agree the communication strategy involving direct contact with patients currently using the services affected. Posters, newsletters, local press articles and social media will also be used to communicate the moves.

Recommendation
The Audit and Governance Committee is asked to note the content of this briefing update.

Hartlepool Audit and Governance Committee

Update on Enhancements to Services at the University Hospital of Hartlepool

November 2013

Introduction

The purpose of this briefing paper is to provide the Committee with an update on the enhancements to services provided at the University Hospital of Hartlepool.

In March 2013, the Trust provided a report on service enhancements at the University Hospital of Hartlepool. This report provides an update, highlighting further current and planned developments on that site.

Current and Planned Enhancements

Holdforth Unit – a new 30 bed unit has been set up based on Ward 3. This provides an environment focussed on the needs of local patients who have come to the end of a period of acute care and so no longer need to be accommodated in an acute medical or surgical ward, but are not yet well enough to return home. Medical support is provided, but the focus is on nurse and therapist led interventions with close contact with social services, which will facilitate the patients' rehabilitation and recovery so that they can maximise their quality of life in preparation for their return to the community. The unit has been fully functional since the beginning of November, and will inform the development of future models of care which will be designed around the needs of the patient once they have completed the acute phase of their treatment.

Day Case Recovery – in the first quarter of 2014, the Trust is going to provide a dedicated second stage recovery and discharge area for patients who have undergone day case procedures at the hospital. This will be located adjacent to the access lounge and theatre suite. Currently many day case patients recover in an inpatient ward environment on another floor which is not always necessary. With the introduction of the new recovery and discharge area, patients will be able to recover in a comfortable homely environment with recliner chairs and TV, and be discharged more appropriately, hence improving their experience.

Gynaecological Hysteroscopic Outpatient Procedures – the University Hospital of Hartlepool is the only such department in the region and one of few in the country offering this surgery which is carried out under local anaesthetic and so allows the women to be discharged home the same day. It is for women who no longer want to get pregnant, or are experiencing heavy periods, or have polyps in their uterus that need removing. The procedure takes no more than 30

minutes, the recovery period is very short and the risks of the operation are much lower than for alternative procedures, as no incision wound is caused.

Patient Pathways for the Elderly – integrated treatment pathways across hospital and community services for frail elderly patients are being developed that will provide improved rapid access for consultant opinion within the Elderly Day Unit for local patients.

Endoscopy – following a review of the relevant patient pathways, the number of endoscopy procedures undertaken at the hospital has been expanded. This will facilitate the additional capacity required to accommodate the workload created as a result of the national bowel screening programme.

Bariatric Outpatient Clinics – the Trust plans to introduce outpatient clinics at the University Hospital of Hartlepool as part of its bariatric surgery service, subject to the completion of the required estates changes.

In Conclusion

It is hoped that this progress report has demonstrated the Trust's continuing commitment to enhancing services in the University Hospital of Hartlepool to benefit the local population.

Recommendation

The Audit and Governance Committee is asked to note the content of this briefing update.

AUDIT AND GOVERNANCE COMMITTEE

28 November 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: NORTH EAST AMBULANCE SERVICE – PROGRESS UPDATE ON SERVICE CHANGES - COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce representatives from the North East Ambulance Service (NEAS) who will be present at today's meeting to provide an update to the Committee on the implementation of the new arrangements for the location of ambulances and changes to resources.

2. BACKGROUND INFORMATION

2.1 In 2012, a review of the Accident and Emergency service provision provided by NEAS was carried out. Representatives discussed the changes with the previous Health Scrutiny Forum on 28 June 2012.

2.2 At this meeting, Members of the Forum were of the view that the Health Scrutiny Forum should continue to monitor the proposals and asked for a progress update to be brought back to the Forum.

2.3 Subsequently, representatives from NEAS will be in attendance at today's meeting to provide the Committee with a progress update on the implementation of the new arrangements.

3. RECOMMENDATION

3.1 That Members note the content of this report and seek clarification on any issues from the representatives present at today's meeting.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'North East Ambulance Service – Changes to Ambulance Locations – Covering Report' presented to the Health Scrutiny Forum on 28 June 2012
(ii) Presentation entitled 'Accident and Emergency Review' presented to the Health Scrutiny Forum on 28 June 2012
(iii) Minutes of the Health Scrutiny Forum – 28 June 2012

Patient and Visitor Journey Experience Between Hartlepool and North Tees Hospital

August 2013

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents of the report

Page 3	Background
Page 4	Main Findings
Page 8	Conclusions
Page 10	Recommendations
Page 11	Acknowledgements
Appendix 1	General Risk Assessment
Appendix 2	Journey Time table
Appendix 3	Journey Pathways and Experiences

1. Background

1.1 In May 2013 the Acute Care Group of Healthwatch Hartlepool included an examination of the patient journey experience between Hartlepool and North Tees Hospital in its work programme for 2013/14.

1.2 This arose as a result of concerns which had been raised with Healthwatch Hartlepool and previously Hartlepool LINk by day patients and visitors who have had to travel from Hartlepool to North Tees Hospital using public transport.

1.3 The exercise coincided with the public consultation period regarding the transfer of remaining urgent and emergency care services from Hartlepool Hospital to North Tees Hospital but as is outlined above was not carried out as part of this consultation or as a result of the proposed changes. However, the findings are very revealing and need to be given full consideration in any future service planning processes.

1.4 An initial planning meeting was held on August 1st 2013 at which members of Healthwatch Hartlepool and Healthwatch County Durham met with representatives of North Tees and Hartlepool NHS Trust in order to scope the exercise and agree the manner in which it would be conducted.

1.5 As a result of this meeting it was agreed that the journeys would take place between Saturday 17th August and Friday 23rd August. Both Healthwatch Hartlepool and Healthwatch County Durham co-ordinated their own member journeys and this report deals with the experiences of Healthwatch Hartlepool members who took part in the exercise. North Tees and Hartlepool Hospital Trust kindly offered to make refreshments available to members on arrival at the hospital and Stagecoach also provided weekly travel passes for use during the course of the exercise.

1.6 At the meeting health and safety issues were identified as a key area of concern and it was agreed that all journeys would be made by pairs of volunteers and that there would be checking in and

checking out arrangements at the start of the journey, on arrival at and when leaving North Tees Hospital and on arriving back home. A full risk assessment was produced by the Healthwatch Hartlepool Development Officer and this is shown in Appendix 1.

1.7 A second meeting was held at North Tees Hospital on Thursday 8th August at which arrangements for the exercise were finalised and key safety monitoring procedures were confirmed.

2. Main Findings

2.1 The first journey took place on Saturday 17th August and over the course of the visiting period a total of 20 visits took place. A full schedule of journeys undertaken is shown in Appendix 2.

2.2 Healthwatch volunteers used a variety of routes and transport options in order to access North Tees Hospital which included the following –

- Hospital shuttle bus
- Local rail service
- Local bus services operating within Hartlepool and the surrounding areas.
- Taxis

Journeys were planned by volunteers who used either traditional paper timetables or by accessing the Tees Valley Connect website. Both methods proved problematic for some members although several did comment favourably on the website. However, neither source of information mentioned the walking distance or any problems or difficulties people with disabilities or sensory loss may face when changing buses or trains en route. A summary of the journey pathways volunteers followed and their experience is shown at Appendix 3

2.3 During the course of the exercise a variety of return journey times were recorded, with the quickest being around 1hr 50 minutes (from Owton Manor via Billingham Bus Station) on Thursday 22nd August and the longest being around 4 hours (from Bishop Cuthbert via Norton Red Lion on Sunday 18th

August and Hart Village via Norton Red Lion on Thursday 22nd August.

2.4 Journey times were selected to replicate real life scenarios such as out patient and elective surgery appointments and hospital visiting times. The earliest journey undertaken started out at around 6am and the latest concluded around 10pm.

2.5 The 6am journey started out from the Clavering area and the volunteers arrived at North Tees at around 7.50am. In order to be fit and ready to make the journey at 6am one of the volunteers had to rise at 4am in order to take medication. This is clearly not ideal preparation for attending any hospital for an outpatient or elective appointment.

2.6 The journey which concluded at around 10pm started out from the Bishop Cuthbert area and was modelled around evening visiting times. The volunteers set off home from North Tees at around 8pm and had to conclude the last stage of their journey from Hartlepool Town Centre to their homes by taxi as connecting buses were no longer operating.

2.7 Volunteers who made the journey reported that bus drivers were generally very helpful and offered useful information and advice. However, some found planning the journey to be quite difficult and co-ordinating times and connections to be quite arduous.

2.8 When journeys were made using public services the quickest journey times were recorded from southern areas of the town with easy access to a 36 bus stop. Between the hours of 9am and 5pm return journey times of around 2 hours were possible from this part of the town if volunteers changed from the 36 to the 589 service at Billingham town centre. This location also proved to be a far more convenient change site as volunteers only had to walk a few yards to a near by bus stand and did not have to cross any roads.

2.9 However, when volunteers were travelling from the North of the town or outlying villages and needed to get a bus or taxi to York Road in order to pick up the 36 bus, between 30 and 60 minutes were usually added to both stages of the journey.

2.10 Volunteers had mixed results when attempting to undertake the journey using the free hospital shuttle bus. In theory patients/visitors can book places on the shuttle bus by phoning the hospital the day before they needed to travel and reserving a place. However, the service does not run on a weekend and it proved impossible to book a place on the bus before 9am as seats had all been taken by hospital staff travelling between the two sites.

2.11 The shuttle bus only picks up at Hartlepool and North Tees Hospitals and does not make any stops en route. Some volunteers also experienced difficulties getting on and off the bus and the vehicle is not accessible to people with disabilities and wheel chair users. However, when volunteers were able to use the service they found that it took less than 30 minutes to travel between the two sites although over an hour could be added to the overall journey time when time taken getting to and from Hartlepool Hospital at the start and end of the journey is taken into consideration

2.12 The journey to North Tees was also undertaken using the train service between Stockton and Hartlepool. The journey time between Hartlepool and Stockton stations was a little over 20 minutes but the overall return journey time increases to over 3 hours was time taken to get to and from Hartlepool station and waiting for connecting buses in Stockton and at North Tees Hospital are taken into consideration. Also signage regarding the availability of connecting buses to North Tess Hospital was not easily located.

2.13 The return journey from North Tees to Hartlepool was also undertaken via Thornaby station. The advantage of using this option was that the 37 bus stops very close to the train station

but volunteers commented that they would feel vulnerable waiting on the platforms of both stations particularly on dark winter evenings when there are no staff present at the station.

2.14 Volunteers who started their journey from Seaton Carew completed the pathway to North Tees in just over 1 hour by taking the number 1 service to Middlesbrough bus station where the 37 bus was taken to North Tees Hospital. The use of the number 1 service could also prove to be a more favourable option from other areas of the town through which it operates as it can reduce the number of changes needed to complete the journey from 2 to 1.

2.15 Several bus journeys were undertaken by blind and partially sighted volunteers. They reported that the journey would have been far easier if there had been a direct bus route from Hartlepool to North Tees. In particular they encountered difficulties making the change from the 36 to 37 bus at the Norton Red Lion stop due to having to cross two busy roads and find the correct bus stop and the uneven condition of pavements in the area. They also encountered difficulties getting from the bus stop at North Tees into the reception area. These difficulties resulted from the volume of traffic in the vicinity of the hospital entrance area, poorly sighted tactile posts, uneven pathways and surfaces and problems negotiating the rotating entrance doors.

2.16 A journey was also completed by two volunteers with learning disabilities who planned and organised their route but did have some problems changing buses. As with the visits undertaken by blind and partially sighted volunteers which are discussed in 2.15 support was provided by other volunteers throughout the journeys in line with the project risk assessment which is shown in appendix 1.

2.17 A journey was also made via the One Life Centre simulating a situation in which a patient may be directed via a G.P or the Minor Injuries Unit to attend North Tees Hospital. The

volunteers set out at 7.40am from Bishop Cuthbert and arrived at the One Life Centre at 8.10am. The journey recommenced at 9.10am with the volunteer eventually arriving at North Tees at 10.16am. They left North Tees at 11.15am and finally arrived back home at 1.10pm. The journey was made with a small child and all parties found their experience extremely tiring.

2.18 Finally, all those who took part in the journeys said that they were very pleased that the project had taken place in fine weather during the summer months and felt that the experience would have been much more stressful if it had taken place during the winter months. Volunteers also commented on the length of time patients and visitors would be away from home if they relied on public transport to access North Tees Hospital (As much as 5-6 hours for a two hour visit from some parts of the town).

3 Conclusions

3.1 Travelling from Hartlepool to North Tees Hospital using bus and train services is arduous, tiring and for many undertaking the journey from Hartlepool it will take between 3 and 4 hours to make the round trip. This can present an enormous obstacle to accessing care and to visiting family and friends who are receiving treatment at North Tees Hospital.

3.2 The various routes by which North Tees Hospital can be accessed from Hartlepool using bus and train services are varied and in some instances journeys are quite difficult to plan. Information is available in the form of bus and train timetables as well as through the Connect Tees Valley website but journey planning is not always a simple process.

3.3 The journey cannot be completed without making at least one change of bus/train and for many will involve two changes. This can be a stressful and difficult experience, particularly in bad weather and during the winter months.

3.4 When changes from one bus service to another are required, timing of respective services could be more effectively co-ordinated as on several occasions volunteers arrived only to find connecting buses leaving or having left 1 or 2 minutes earlier. This happened most frequently at the Norton Red Lion stops.

3.5 Use of public transport would limit the ability to visit a relative or loved one to one occasion per day, or alternatively, the visitor would be required to stay at North Tees for the full day and for some it would be after 10pm when they eventually arrived home. Many visitors travelling back from North Tees on an evening must complete their journey by taxi thus adding considerably to costs.

3.6 Day patients and those travelling for elective treatment would in most instances have to leave home at 6am in order to arrive at North Tees for an 8am appointment if they were travelling by public transport.

3.7 Patients with physical disabilities, sensory loss, limited mobility or learning disabilities often encounter difficulties when changing buses and trains and hazards caused by busy roads, uneven pavements and poor signage. Advice or guidance with regard to hazards or dangers which may be encountered when making changes between buses/trains was not available in timetables or on the Tees valley Connect website.

3.8 Similar difficulties were also noted when accessing North Tees from the bus stop in the grounds of the hospital and the speed of some cars leaving the car park was a cause of concern.

3.9 The hospital shuttle bus service offers a free and speedy alternative to public transport but it is infrequent, does not stop to pick up passengers en route, is not accessible for those with disabilities or limited mobility and is usually fully booked by hospital staff before 9am and in the early evening.

3.10 Bus drivers and hospital staff were helpful and supportive when asked for advice or assistance and consistently provided a very good service.

4. Recommendations

4.1 It is unacceptable that there is no direct bus route between Hartlepool and North Tees Hospital and at the earliest opportunity this should be rectified.

4.2 The Hospital Shuttle Service should be reviewed with a view to ensuring that it is fully accessible and meets the needs of patients/passengers with disabilities. The current capacity of the service should be increased and consideration given to introducing a limited number of stops en route in order to pick up passengers.

4.3 Consideration should be given to the specific needs of patients and visitors with conditions and disabilities which restrict mobility, sensory loss and learning disabilities and the viability of introducing a "door to door" transport service where such needs exist should be fully investigated.

4.4 Urgent consideration should be given to reviewing appointment allocation systems in light of the unacceptable difficulties patients from Hartlepool who do not have access to their own transport face if required to be at North Tees Hospital before 9am.

4.5 Visiting arrangements should be reviewed in order to maximise the amount of time family, friends and loved ones can spend with relatives who are patients at North Tees Hospital without impacting upon care provision.

4.6 At the earliest opportunity the approach from the bus stop to the main entrance area of North Tees Hospital should be subject to an accessibility audit with specific emphasis placed on examining the effectiveness of current arrangements with regard to meeting the needs of patients and visitors with

sensory loss and conditions or disabilities which impact upon mobility.

4.7 Consideration should be given to ensuring that bus timetabling clashes are eliminated as far as possible in order to reduce journey times and additional information should be made available on the Tees Valley Contact Website which advises passengers of the ease with which bus changes can be made (e.g. distance to walk, roads to cross, wheelchair accessibility friendly etc)

4.8 More should be done by the North Tees and Hartlepool Hospital Trust to publicise and promote assistance which is currently available for patients and visitors who need to travel to and from North Tees Hospital from Hartlepool.

4. Acknowledgements

Healthwatch Hartlepool would like to thank all of the volunteers who took part in the journeys without whom this important and revealing investigation would not have been possible.
We also wish to thank North Tees and Hartlepool NHS Foundation Trust for the hospitable welcome afforded to visitors and Stagecoach for providing weekly travel passes for use during the course of the visits.

Stephen Thomas
Healthwatch Development Officer

Appendix 1

GENERAL RISK ASSESSMENT

Issue Healthwatch Hartlepool Patient Journey Mapping Exercise (17th -23rd August) **Date of Assessment** 8th August 2013

Checked by Manager **Review Date**

The Risk Assessment relates to a series of journeys Healthwatch Hartlepool members will make from their home address to North Tees Hospital between Saturday 17th August and Friday 23rd August 2013 using variety of methods of public transport. This will include services buses, hospital shuttle bus, trains and taxis.

What are the hazards? What could happen? Please list	Who is particularly at risk?	What precautions or existing control measures are presently taken?	Risk of accident/dangerous occurrence High/Medium/Low	If High or Medium, what additional precautions or control measures need to be taken to reduce risk to low?
Possible Hazards – 1) HVDA/Healthwatch unaware members are making journeys 2) Members travelling alone 3) Members not fully briefed about arrangements and what	Healthwatch members making the journey	1) The Hartlepool Healthwatch Development Officer will keep a record of all planned journeys. This will include • Names of members making the journey • Location/time at which journey will start • Anticipated arrival time at North Tees • Expected completion time of the return journey 2) This information will be shared with Barbara Carr (Asst Director of Nursing – Q+PPE,) who will ensure that reception staff at North Tees Hospital are aware of expected arrival times. Healthwatch volunteers must check in with reception staff on arrival and inform reception staff when they set off to make the return journey	Low	

to do in an emergency 4) Members unable to contact HVDA or Healthwatch to request assistance or inform of late arrival or other problem 5) Public transport unavailable and members find themselves stranded 6) Support requirements of members with disability or sensory loss 7) Members get lost or experience accident or illness during course of the journey.	Healthwatch members making the journey	3) The Healthwatch Development Officer will brief all volunteers with regard to all aspects of the journey plans and contingency arrangements contained within this risk assessment. 4) Assistance will be provided to members regarding bus and other timetables. 5) All Healthwatch volunteers will travel in pairs. 6) Each journey will be undertaken in line with timings and travel arrangements which have been agreed with the Healthwatch Development Officer. 7) Each pair of volunteers will contact HVDA or the Healthwatch Development Officer at the outset of the outward journey, on arrival at North Tees Hospital and on arrival home. 8) The Healthwatch development Officer will ensure that an appointed person at North Tees Hospital is made informed of the safe arrival home of visitors. 9) Each pair of volunteers making the journey must have a fully charged mobile phone for use in emergency situations the number of which will have been given to the Healthwatch Development Officer. 10) Each pair of volunteers will be provided with contact details of HVDA (01429 262641) and the mobile number (07926002404) and home number (01429 270160) of the Healthwatch Development Officer for use in emergency situations and to notify start/completion of the journey 11) If volunteers find that public transport services have ended or feel they are unable to continue the journey, they should contact HVDA or the Healthwatch Development Officer who will arrange for them to be picked up and taken home by taxi. 12) If volunteers are more than 30 minutes late for their estimated check-in time at North Tees or arrival home time the Healthwatch Development Officer will contact the pair to ascertain whether assistance is required.	Low	

		13) Arrangements have been made with North Tees Hospital for volunteers to be provided with refreshments before their return journey. 14) In the event of serious accident or illness visitors will contact emergency services using 999 and at the earliest possible opportunity ensure HVDA or the Healthwatch Development Officer are contacted. 15) Were necessary Healthwatch visitors with sensory loss or physical or learning disability will be accompanied by an appropriate support person		

Appendix 2

Date	Volunteers	Start	Start Location	Journey Detail
Saturday August 17th	Stephen Thomas Sylvia Tempest	12.00 noon for 2pm visit	Headland	Walk /bus
Sunday August 18th	Amanda Burgess Phoebe Burgess	Leaving home 3.30 for 6pm visit	Bishop Cuthbert	Taxi/Bus /taxi
Monday 19th August	Margaret Metcalf Judy Gray	Leaving home 6am for 8am appt	Clavering	Bus
	Stella & Gordon Johnson	11.30 for 2-4 visit	High Throston	Bus
	Phyl Rafferty and Michelle	4pm for 6-8 visit	Elwick Village	Bus & Taxi
Tuesday 20th August	Angela & Phyl Rafferty	Pre 8am App for 9am	Seaton Carew	Shuttle
	Sylvia Tempest & Sue Ainslie	11.45am for app at 2pm	Headland	Walk/Bus
	Stephen Thomas/Paul Mowbray	12.30 for 2pm visiting	Foggy Furze	Walk/train/bus
Wednesday 21st August	Lynn Allison & Brenda Loynes	8.45 for 11am appointment	Throston	Bus
	Margaret Metcalf & Judy Gray	12pm for 1.00pm arrival	Dyke House	Shuttle/bus
	Carol and Halle Slattery	10.15 for 12 noon appt	Park Road	Bus
	Phyl Rafferty and Michelle	5pm for 6pm visit	Burn Valley	Shuttle/bus
Thursday 22nd August	Jackie Russell & Maureen Lockwood	9am for 11am appointment	Owton Manor Rift House	Bus Taxi/bus/taxi
	Margaret Metcalf Judy Gray and Ann Hoey	Noon for 2pm appointment	Hart Village	Bus
	Paul Mowbray with John and Julie	12 noon start for 2pm visit	Rossmere	Bus

	Stephen Thomas & Phillip Miller	12.00 for 2pm visiting	Victoria Road	Bus
Friday 23rd August	Amanda Burgess Phoebe Burgess	7am start, 9am from One Life Centre, 10.30 appt North tees	Bishop Cuthbert/One Life Centre	Bus
	Zoe Sherry & Ruby Marshall	6.30 for 8am	West Park	Bus
	Michael and Muriel Thomas	12 noon for 2pm visiting	Jesmond	Bus
Tuesday 27th August	Frank Kozorowski and Stephen Thomas	4pm start for 6pm visiting	Grange Road	Bus

Appendix 3

Transport/ Fares	Route Taken	Journey Times	Comments
Buses £5 daily mega rider ticket	36/37 (From York Road change at Norton Red Lion, 37 to North Tees)	Return journey times approximately 2hrs 30 to 3hrs	• Those living close to the route of 36 only need make one • Change of bus. • Change at Norton Red Lion involves crossing two busy roads. • Connecting service at Norton Red Lion often missed because of timetable clash, return journey time could be reduced by 20 – 30 minutes with minor amendment to schedules. • Change at Norton Red Lion could leave some feeling vulnerable and isolated particularly on winter evenings.
Buses £5 daily mega rider ticket	36/37 (36 from York Road change at Stockton High Street, 37 to North Tees	Return journey times approximately 2hrs 45 to 3hrs 15	• Access to the route as above. • Slightly, longer than Norton Red Lion option and again timetabling of connecting buses (36 and 37) not always complementary. • Must cross Stockton High Street to catch connecting bus. • Change at Stockton High Street could leave some feeling vulnerable and isolated particularly on winter evenings
Buses £5 daily	36/589 (36 from Owton	Return journey times	• The route involves only one change at Billingham. • Is a quicker option than the 36/37 option illustrated

mega rider ticket	Manor change at Billingham Bus Station, 589 to North Tees)	approximately 1hr 50 to 2hrs (add approx 25 mins if travelling from York Road	• The change at Billingham is a very short distance and does not involve crossing any roads. • The service only runs hourly and the last bus leaves North Tees at 17.52 • On evenings, bank holidays and Sundays an hourly service is provided by the 568 which runs till 23.08. • Consequently evening, weekend and bank holiday return journey time is approx 2hrs 45 to 3hrs and journey planning more complex.
Buses £5 daily mega rider ticket	7/36/37 (From Headland change at York Rd and Norton Red Lion to North Tees)	Return Journey times approximately 3hr 20 to 3hr 40	• The route involved 2 changes at York Road and Red Lion Norton • On some occasions this route could be done slightly more quickly by changing to 589 or 568 services at Billingham but would need to be planned carefully in order to make necessary connection times • Comments regarding Norton Red Lion change as above
Buses (Mon – Thurs Evenings taxi)	6/36/37 (From Clavering change at York Road	Return journey times approximately 3hr 30 to 4hr	• The route involved 2 changes at York Road and Red Lion Norton • On some occasions this route could be done slightly more quickly by changing to 589 or 568 services at Billingham but would need to be planned carefully in order to make

£5 daily mega rider ticket and taxi fare of approx £4	and Norton Red Lion)		• Comments regarding Norton Red Lion change as above • The return journey can only be completed by using a taxi from Hartlepool town centre Sunday – Thursday after 6.45pm.
Buses (Evenings Taxi) £5 daily mega rider ticket and taxi fare of approximate ly £3	3/36/37 (From Hart Lane change at York Road and Norton Red Lion)	Return Journey Times approximately 3hr 15 to 3hr 30	• The route involved 2 changes at York Road and Red Lion Norton • On some occasions this route could be done slightly more quickly by changing to 589 or 568 services at Billingham but would need to be planned carefully in order to make necessary connection times • Comments regarding Norton Red Lion change as above • The return journey can only be completed by using a taxi from Hartlepool town centre after 6pm.
Buses £5 daily mega rider ticket	1/37 (From Seaton Carew change at Middlesbrou gh)	Return Journey Times approximately 2hr – 2hr 15	• The route involved only one change at Middlesbrough bus station • This route is only possible until 6.15pm Monday to Saturday and 4.50pm on a Sunday, after which the services ends.
Bus and Train Tees	6 Bus/Train/3 7 Bus	Return Journey times approximately	• The route involves two changes at Hartlepool train station and in Stockton • Taxi required from Hartlepool train station after 6pm.

Hospital) £5 daily mega rider ticket and rail fare of approximately £4	(Bus from Stockton Rd to Hartlepool train station, train to Stockton, 37 bus from Stockton High Street to North	3hr – 3hr 30	• Poor signage regarding bus routes at Stockton train station • Stockton train had isolated feel and volunteers felt that they would not want to spend time alone there on winter evening
Buses (evenings taxi) £5 daily mega rider Return taxi fare when necessary £10	(Scarlet Band 58 bus from Hart Village change to 36 bus at York Road and 37 bus at Norton Red Lion)	Return Journey times approximately 3hrs 30 – 4hrs	• The route involves 2 changes at York road and Norton Red Lion • On some occasions this route could be done slightly more quickly by changing to 589 or 568 services at Billingham but would need to be planned carefully in order to make necessary connection times • Comments regarding Norton Red Lion change as above • After 8.37pm the journey would need to be completed by taxi from Hartlepool town centre • The 58 service does not operate on Sundays and Bank

			Holidays and consequently the journey in both directions would need to start with a taxi. • Use of 589 and 568 services from Billingham could reduce overall journey time 15 -20 minutes.
Taxi/bus £5 daily mega rider and £10 return taxi fare	(Taxi from Elwick to York Road Hartlepool, 36 bus to Norton Red Lion, 37 to North Tees Hospital)	Journey Times approximately 3hr 30 - 4hrs	• A limited bus service (Pauls Travel) operates from Elwick on Monday, Thursday and Friday between 9am and 5pm, but on most occasions taxis must be used in order to get to Hartlepool. • The route involves two changes at York Road and Norton Red Lion • On some occasions this route could be done slightly more quickly by changing to 589 or 568 services at Billingham but would need to be planned carefully in order to make necessary connection times • Comments regarding Norton Red Lion change as above
Shuttle/bus	(Bus from home to hospital, return journey 37/36/6 as no seats	Journey Time outward 50 minutes from home, return journey 1hr 45	• No seats available on return shuttle so return home by bus • Shuttle bus not accessible and one volunteer had difficulties getting on and off • Return via Red Lion comments as above

	available on shuttle)		
Buses £5 daily mega daily mega rider	1,21a (bus from home to Middlesbrough and 21 to North Tees Hospital)	Journey time 1hr 40 outward, return journey 1hr 45	• 6.30 unacceptably early start to get to hospital for 8am appt, would have arrived 10 minutes late. • Changes easily accessed at Middlesbrough bus station

Extract from the minutes of the Finance and Policy Committee on 18 October 2013 relating to Public Health

128. Presentation – Cold Kills (*Director of Public Health*)

Type of decision
Non key.

Purpose of report
To provide the opportunity for Finance and Policy Committee to consider the proposed Outcome Framework and service planning timetable for 2014/15.

Issue(s) for consideration
The Director of Public Health introduced Dr Reilly from the Tees Valley Public Health Shared Service who was in attendance to provide a presentation on 'Cold Kills'. The presentation considered in detail the impact of cold on health and welfare and it was noted that the local excess winter death index was not any worse than nationally, but neither the national nor the local index has improved much in the last decade. Members were informed that cold weather was the cause of more deaths than things regarded as important, such as breast cancer, road traffic accidents and suicide. Age was a major factor in excess winter deaths with people aged over 85 years of age more likely to die from excess winter death than those under 65 years of age. In addition, people with chest diseases were more likely to be affected by the cold than people suffering with circulatory diseases.

A number of ways individuals can help themselves during cold weather were included in the presentation along with what the Local Authority and the wider community could do. It was highlighted that in the north east region, spending on energy improvements was higher than average in Hartlepool. Members were informed that Cleveland Fire Authority were very proactive in prevention strategies in relation to cold weather and had made a number of referrals through the Cleveland Fire Authority Winter Warmth Team.

A Member questioned whether there was any significant difference to whether the older generation were using heating within their homes in light of recent increases in energy tariffs. Dr Reilly confirmed that two things influence excess winter deaths; severity of winter along with outbreaks of influenza and it was noted that excess winter deaths increase almost continuously as the temperature reduces. It was noted that the cold weather payments only take affect once the temperature is below 0 degrees for at least 7 consecutive days.

Members were encouraged to note the proactive involvement of Cleveland Fire Authority. It was noted that the issue of families in poverty was a key issue in excess winter deaths and the importance of ensuring children were not born into poverty inked into the Early Intervention Strategy discussed

earlier on the agenda.

A Member sought clarification on the take-up of the influenza vaccinations within GPs surgeries. Dr Reilly informed Members that NHS England are now in place to support GPs surgeries to improve take up of vaccinations and reduce variations in clinical care as well as to understand the reasons for the differences. It was noted that some GP practices in Stockton on Tees achieved 100% take up rate and the importance raising awareness, ease of access to the clinical centre and reinforcing good quality care would help achieve this on a wider basis. The Director of Public Health confirmed that as the Local Authority now had the duty to protect the health of the local population and ensure screening immunisation rates improved, a report would be submitted to a future meeting of the Committee to examine this in more detail.

In relation to fuel poverty, a Member suggested that additional support should be provided to families and individuals to help them secure the best deal from their energy supplier. The Director of Regeneration and Neighbourhoods confirmed that the Energy Switching Campaign which the Council had recently taken part in had resulted in 1,000 hits but only 167 people actually switched suppliers. In addition to this, the Council was involved in the Warm Up North Campaign to insulate homes and advice and guidance on this was provided through the Council's Contact Centre. The Assistant Chief Executive added that the Council had recently signed up to 'Go On North East' a campaign aimed at enhancing the skills of people within local communities to use computers. Members were informed that as part of the negotiations around the ICT Contract, there may be an opportunity to explore ways of supporting local communities to improve their ICT skills but this would be subject to a separate discussion at a future meeting of the Committee.

In response to a question from a Member, the Director of Public Health indicated that copies of the presentation would be forwarded to all Members.

It was suggested that the inclusion of a greater energy efficiency level could be incorporated into future planning applications for new dwellings to aspire to more energy efficient homes as this would pay dividends in the future.

Decision
(i) The presentation was noted.
(ii) That the presentation be circulated to all Members.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
16th September 2013

PRESENT:-
Representing Hartlepool Borough Council:
Councillors Fisher, Shields
Representing Darlington Borough Council:
Councillors Newall and Taylor
Representing Stockton-On-Tees Borough Council:
Councillors Javed(Chair) Mrs Wilburn, Mrs Womphrey.

APOLOGIES – Councillors Mrs H Scott (Darling Borough Council), Councillors Carling, Walls (Redcar and Cleveland Borough Council).

IN ATTENDANCE - Cllr Mrs Skilbeck (Hambleton District Council).

OFFICERS – E. Champley P. Mennear, K. Wannop (Stockton-On-Tees Borough Council), L. Stones, C. Catchpole (Hartlepool Borough Council), J. Bowden (Middlesbrough Borough Council), Sam Martin (Redcar & Cleveland Borough Council), A. Metcalfe(Darlington Borough Council).

EXTERNAL REPRESENTATIVES –
M.Phillips, R. Granger (Darlington Clinical Commissioning Group)

Due to there not being a representative present from each of the Tees Valley Local Authorities, the meeting was inquorate and an informal meeting was held.

DECLARATIONS OF INTEREST –
Cllr Norma Wilburn declared a disclosable pecuniary interest in item 6 – Alcohol Services across the Tees Valley as her company provided a service in schools.

MINUTES – Submitted –The informal notes of the inquorate meeting of the Tees Valley Health Scrutiny Joint Committee held on 29th July 2013 were submitted for consideration.

AGREED – That the Minutes be approved in principle and be referred to the next meeting for confirmation as a correct record.

Securing Quality in Health Services – County Durham and Tees Valley

Member were provided with a report that provided information on the work being carried out across Durham and Tees Valley that focused on improving the quality of acute hospital services.

The overall objective of the project was to enhance the commissioning of acute hospital services by reaching agreement on the key clinical quality standards in acute hospital care that should be commissioned by CCGs. Clinical staff helped to identify what the best possible care should look like in our hospitals and how we should go about delivering this, given increasing demand for services and the likely financial and workforce challenges ahead.

The Committee was provided with a summary of recommendations from the project. This included:-

- There was growing evidence that patient outcomes could be improved by increasing the number of hours when senior doctors were available in hospital wards to make decisions about the assessment and treatment of patients.
- There was also a need to reduce the time taken to assess, diagnosis and treat acutely ill patients and a number of the clinical quality standards agreed during the project would address this. Some examples of the standards that were identified to do this were:-
- In relation to Acute Paediatrics, Maternity and Neonatal Services – the project report recommended:
a) the implementation of the Royal College of Obstetricians and Gynaecologists (RCOG) standard of 168 hours (24/7) consultant presence in labour wards as the ultimate goal for maternity services across County Durham, Darlington and Tees in order to improve outcomes for mothers and babies. This was a considerable increase for some of the existing services and given the scale of this challenge, there was a recognition that this needed to be delivered in a staged way, with 98 hours as an interim step for units with less than 4000 deliveries a year as part of a phased approach to implementation.
b) to ensure one to one midwife care was provided for women in established labour.
- In relation to Acute Care - the project report recommended the key quality standards that would reduce the length of time to assess and treat patients, for example: Emergency admissions should be seen and assessed by a relevant consultant within 4 hours of admission during the day and 12 hours during the night; and emergencies to have access to key diagnostic services such as x ray and blood tests 24/7: for critical cases – imaging and reporting within 1hour of request, for non-critical cases – imaging and reporting within 12 hours of request.
- In relation to End of Life Care – the report recommended the key quality standards that define high quality care, particularly those that relate to the 24/7 availability of an appropriately trained nurse to provide practical support, responding within one hour, with access to necessary medicines and home equipment. This would reduce the number of End of Life cases where people were admitted to hospital in crisis when they would prefer to stay at home in their final days. It also recommended that there was collaboration across the acute trusts to establish a 7 day per week service providing specialist palliative care advice.
- For Long Term Conditions the overall recommendations of the Acute Services Quality Legacy Project were as follows:
a) Given the scale of the likely challenge ahead due to the ageing population, and the rising prevalence of long term conditions (LTCs), the report recommended that a new project focusing on LTC management should be initiated across health and social care. This project should include community services, mental health and primary care providers as well as acute trusts.
- For Planned Care - The overall recommendations were that CCGs should continue to look into unexplained variations in referrals from Primary Care and clinical practice in secondary care.

It was noted that the initial report outlining the proposed standards had been endorsed by all the stakeholder health bodies. The work was now being hosted by Darlington CCG on behalf of the sub-region, but each CCG had to go through its own approvals processes.

A feasibility study had been commissioned to consider the implications of implementing the new standards across the Durham and Tees Valley region. The study was due to conclude by December 2013. Should recommendations arising from the study involve changes to existing services, appropriate plans would be put in place to engage with and seek the views of patients, carers and the public.

The work was influenced by ongoing services changes, including the Friarage Hospital children's and maternity services review, acute and critical care services at North Tees and Hartlepool, and the proposed hospital at Wynyard.

Members queried whether having increasing the number of hours a senior clinician was available is hospital wards to made decisions meant employing more of the senior clinicians. It was reported that this was what the feasibility study would highlight. With regard to obstetrics it was noted that achieving 24-7 consultant cover would require a big step change, compared to the current situation.

It was noted that recruitment and the availability of doctors was a key issue, but throughout the process it had been stressed by clinicians that competency and the maintenance of skill levels was equally important. In order to meet the proposed standards, it was noted that reconfigurations may be necessary, as well as sharing of rotas, and increased flexibility. It was noted that midwifery led services had been maintained at Berwick in Northumberland, where birth numbers are very low, through the rotation of staff across the Trust's services, enabling the staff to maintain their clinical expertise.

It was recognised that there continued to be a need to balance accessibility for patients and public, and the quality of care provided.

It was acknowledged that to date the work has been very clinically focused and there is more to do as the project continues to evolve to incorporate the views and input of patients and the public.

AGREED - that further reports be submitted as the project progresses and the information be noted.

Alcohol Services across the Tees Valley

Following a request, the Committee was provided with information from each constituent Council regarding the commissioning of alcohol treatment in their Borough.

Members received the following information:-

Darlington Borough Council – Had joint alcohol and drug services and commissioned a substance misuse service to be provided.

Hartlepool Borough Council – Historical ring fencing arrangements around the use of the Home Office provided funding for the Drug Interventions Programme and the generation and use of the pooled treatment budget had meant that investment in Alcohol treatment may not have previously been as high as the funding provided for drug treatment. However, with the introduction of the new ring fenced Public Health grant and the changes to how funding was now allocated, the previous restrictions in terms of providing specific drug treatment had now been lifted and this had provided more flexibility in terms of how we could now allocate funding for both drug and alcohol treatment services.

Drug and Alcohol treatment in Hartlepool had moved on somewhat already with provision for Clinical Prescribing for those with Drug and Alcohol addictions and provision in terms of all wrap around support services, including Psychosocial Interventions, Health and Wellbeing Services, Recovery and Reintegration services, Education Training and Employment services and the Family and Service User support service all catering for both drug and alcohol clients, on an equitable basis.

In addition, provision had been made for the delivery of drug and alcohol Detoxification in both a community and residential setting and Residential Rehabilitation was available, where this type of treatment had been deemed to be a suitable intervention, based purely on individual suitability and need.

Middlesbrough Borough Council – In mobilisation stage of bringing 10 contracts down to 3 contracts running as an overall substance misuse services alongside drugs. It was seeking to develop a more flexible and comprehensive service. Middlesbrough also noted the trend of people switching their drug misuse to alcohol.

Redcar & Cleveland Borough Council - Had joint alcohol and drug services and commissioned a substance misuse service to be provided. They had also noticed the trend of people switching their drug misuse to alcohol misuse. Alcohol related hospital admissions were down 5.5%, and 83% of people being offered services with PADS (including community detoxification) were taking it up. However it was noted that the AUDIT tool that measured alcohol intake continued to show an increasing level of consumption for those entering treatment.

Stockton Borough Council – Had commissioned a separate service for alcohol misuse due to the demographics of the user groups – drug treatment tended to focus on 18-25 males mainly, and alcohol had a much wider spectrum of use. Some people had stated that they would not engage with alcohol services if linked to drug treatment. Stockton had introduced alcohol audit tools in most GP practices.

More work needed to be done to change people's perspectives on alcohol, which Members noted often remained a hidden problem.

It was noted that fewer people were being admitted to treatment, however the levels of illness at first contact with health services was noticeably worse.

It was queried as to why there were different approaches across the Tees area. It was explained that previously alcohol had been seen as the 'poor relation' compared to drug services, and that now by combining budgets this allowed for increased scale and maximisation of resources. Stockton had made the decision to keep its services separate due to the different demographics of the user groups, although it was noted that arrest referrals were of similar demographic for both types of treatment.

The Chair urged Members to highlight that alcohol misuse is a problem.

AGRRED the information be noted and no further joint scrutiny work required.

Any urgent items which in the opinion of the Chair can be considered.

There were no further items to be considered.

SAFER HARTLEPOOL PARTNERSHIP
DECISION RECORD
27 September 2013

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Allan Barclay, Elected Member, HBC
Dave Stubbs, Chief Executive
Denise Ogden, Director of Regeneration and Neighbourhoods
Clare Clark, Neighbourhood Manager
Louise Wallace, Director of Public Health
Chief Superintendent Gordon Lang, Cleveland Police
Chief Inspector Lynn Beeston, Chair of Youth Offending Board
Lucia Saiger-Burns, Tees Valley Probation Trust
Councillor Carl Richardson, Cleveland Fire and Rescue Authority
Ian McHugh, Cleveland Fire and Rescue Authority
John Bentley, Safe in Tees Valley
Andy Powell, Housing Hartlepool

Also present:
Karen Hawkins, Hartlepool and Stockton Clinical Commissioning Group
Colin Shevills, Balance North East
Dave King, NHS England
Julie Keay, Tees Valley Probation Trust
Helen Vitty, Probation Trust

Officers: Joan Stevens, Scrutiny Manager
Lisa Oldroyd, Community Safety Officer
Richard Starrs, Strategy and Performance Officer
Denise Wimpenny, Principal Democratic Services Officer

27. Apologies for Absence

Apologies for absence were submitted on behalf of Barry Coppinger, Police and Crime Commissioner.

28. Declarations of Interest

None at this point in the meeting. However, Councillor Christopher Akers-Belcher declared a personal interest later in the meeting (Minute 33 refers)

29. Minutes of the meeting held on 5 July 2013

Confirmed.

30. Matters Arising from the Minutes

Minute 24 – Reducing Reoffending in the North East – Improving Joint Working Between Prisons and Local Authorities – A representative from Tees Valley Probation Trust commented on the benefits of the National Offender Management Directorate (NOMS) representative being invited to future meetings of the Partnership. The Partnership agreed that the NOMS representative be invited to future meetings of the Forum. The Chair highlighted that a formal response would be submitted by the Partnership to the ANEC Leaders and Mayors Group, a copy of which would be provided to all Members of the Partnership.

31. Role of Health Organisations in Offender Health – Presentation (*Representative from NHS England*)

Issue(s) for consideration

A representative from NHS England, who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to the role of Health Organisations in Offender Health. The presentation included an overview of national commissioning arrangements, Health and Justice (North East and Cumbria) responsibilities and focussed on the following:-

- Prison's Responsibilities
- General Prison Healthcare
- Prisons – Secondary Care
  - ongoing development of prison based secondary care services t
  - ensure external hospital appointments are necessary and timely
- Prisons – Substance Misuse
  - commission substance misuse services (Drug and Alcohol recovery Teams – DART) that are bespoke to the needs of the prison population
- Support transfer of commissioning responsibility from the Youth Justice Board to NHS England – estimated 2014/15
- Support the YJB in the procurement of Secure Training Centres
- Commission NHS equivalent services
- Lead on the transfer of commissioning for custodial healthcare from

the Police to NHS England – 2015
- NHS England will work with police, crime commissioners, local authorities and public health and community safety groups in delivering services that secure the best help for vulnerable sex crime victims

In the discussion that followed the conclusion of the presentation and in response to a Member's request for clarification in relation to current and previous reoffending statistics, the Chair stated that this issue would be covered in detail under a separate agenda item at today's meeting. The potential factors contributing to reoffending rates were also discussed. The Chair of the Youth Offending Board was pleased to report a reduction in reoffending rates in Hartlepool.

The Chair thanked the representative for his attendance at the Partnership.

Decision

The presentation was noted.

32. Balance - Alcohol Policy Update – Presentation

(*Representative from Balance North East)*

Issue(s) for consideration

The Director of Balance North East, who was in attendance at the meeting, reported on the current alcohol consumption rates, the links between alcohol and crime, alcohol and health and alcohol related hospital admissions. It was noted that official figures confirmed that the North East of England had the highest rates of 11-15 year old children drinking alcohol. The Director then went on to provide a comprehensive presentation in relation to the Balance Delivery Plan and focussed on the following issues:-

<u>Marketing Campaigns</u>

- Cancer Campaign
- Push on Dry January – engaging with workforce
- Alcohol in the cinema

<u>Balance Delivery Plan</u>

- Public opinion survey – results November
- 4 strategic partnership meetings and update briefings
- Key message training – health leads
- Benchmark reports on hospital admissions – North East falling faster than anywhere else in England (0.2% increase in Hartlepool)
- Looking at benchmarking illicit alcohol market

Minimum Unit Pricing (MUP)

- Disappointing Government response to consultation – dropped MUP, multi-buy ban
- Ancillary licences introduced
- MUP still supported in North East
- Scottish Government still going ahead with MUP
- Ireland and Northern Ireland moving ahead with MUP and Europe looking more supportive

What next for MUP?

- Stronger evidence – in British Columbia 10% minimum price increase led to fall in deaths of 32%
- NW still actively looking at bye-law
- High consumption leading to health and wider crime and social harms
- Balance tasked with stepping up pressure

In response to a request for the Director's views on the recent announcement from the Chief Constable in the North West in relation to drunk tanks, the Partnership was advised that the press release seemed to focus more on drunk tanks as opposed to the wider issues of prevention and questioned whether an accurate message had been publicised.

With regard to a recent news item that other areas had been working with supermarkets and off-licences to remove high strength alcohol from the shelves, a query was raised as to whether there was any evidence to support this proposal and whether this was an issue that should be considered in the North East. In response, Members were advised that the project was intended to tackle street drinking and would not address the problem of 40% of the population who were drinking above the recommended levels. The importance of making alcohol less affordable, less available and the need to reduce the heavy promotion of alcohol was emphasised.

Members went on to discuss the issue of parental responsibility and the importance of including the risks associated with alcohol in the curriculum in schools. The Director outlined the work that Balance had undertaken with young people and referred to the importance of parents educating their children on the risk of alcohol consumption at an early age. A query was raised regarding the distinction between attitudes towards smoking and attitudes in relation to alcohol . The Director of Balance North East advised that the message in relation to tobacco was much clearer and highlighted the need for more work to be done at a national level. Reference was made to a hard hitting advert that would shortly be publicised in relation to the risks of alcohol consumption. Further details were provided regarding the dry January campaign in response to a request for clarification.

Further debate ensued in relation to the potential impact of publicising the

links between alcohol and cancer in the cancer campaign to be run by Alcohol Concern and supported by Balance North East.

In concluding the debate the Director of Public Health expressed the support of the Public Health Team for campaigns of this type and commented on the need to explore joint commissioning in an effort to sustain the good work already done and focus on intensive end of need.

Decision

That the contents of the presentation and comments of Members be noted.

33. The New Health Landscape - Presentation *(Director of Public Health)*

Issue(s) for consideration

At this point in the meeting the Chair, Councillor Christopher Akers-Belcher, declared a personal interest in this item of business.

The Board received a presentation which outlined the context of NHS reforms and the rationale for that reform together with Policy issues set against economic context.

The presentation included details of the roles and functions of Area Teams, Clinical Commissioning Groups, Public Health Departments and Healthwatch. A representative from the CCG contributed to the presentation and provided information which supported the issues which had been highlighted in the presentation.

Reference was made to the complexity of the structures and the importance of the role of commissioners to ensure joined up working between authorities to ensure any decisions taken by individual authorities did not result in a detrimental impact on others.

Decision

The contents of the presentation and comments of Members were noted.

34. Reducing Reoffending in Hartlepool *Director of Offender Management (Durham Tees Valley Probation Trust)*

Purpose of report

To update the Safer Hartlepool Partnership on the current work of the local Reducing Reoffending Strategic Group into tackling reoffending in Hartlepool.

To propose a Reducing Reoffending Strategy for Hartlepool that adopts an 'Offender Centric' approach to reducing offending and the broader harm caused to the community.

Issue(s) for consideration

The Tees Valley Probation Trust Representative introduced the report which provided background information in relation to the decision to develop a local Reducing Re-offending Strategy to tackle high rates of re-offending and provided an update on some of the work undertaken to date. The Partnership's approval of the Strategy was sought.

The report included details of the national context in terms of changing the landscape of rehabilitation, the local context, local evidence base of who are the re-offenders, which services the re-offenders engaged with, predominant types of re-offence committed as well as details of the profile of the top ten re-offenders in Hartlepool. Details of the pathways into rehabilitation and access to services were provided, as set out in the report.

Thanks were expressed to Clare Clark, Neighbourhood Manager, for her contribution to the report. Members were advised that Lisa Oldroyd from the Community Safety Team and Helen Vitty, a representative from the Durham Tees Valley Probation Trust had been invited to the meeting to provide information on re-offending figures.

The Community Safety Officer and representative from Durham Tees Valley Probation Trust went on to deliver a joint presentation which contributed to the report and focussed on the rationale for measuring re-offending, how partners contributed to proven re-offending and re-offending data for the period April 2012 to March 2013. It was noted that analysis revealed that during the 12 month period a total cohort of 1,704 offenders were identified with 531 of these offenders having committed a re-offence within the 12 month period. The majority of re-offenders were adults (93%) with 84.4% being male. In relation to the 531 repeat offenders, 498 were adult repeat offenders and 33 were juveniles.

Following the conclusion of the presentation Members discussed the contents of the report and issues highlighted in the presentation. Representatives responded to issues raised by Members. Clarification was provided in relation to support arrangements in place for prolific offenders and the predominant types of re-offences committed. It was acknowledged that further work was needed in relation to the type of crimes committed.

Emphasis was placed upon the role of Partnership Members in ensuring local services were co-ordinated in a manner that met the needs of offenders whilst at the same time ensuring local communities remained safe. A Member shared examples of unacceptable behaviour of ex-offenders in the community and raised concerns regarding the impact of behaviour of this type on local communities. The need to continually

monitor and review behaviour of ex-offenders in local communities was emphasised. Members were advised that the Team around the Household approach would identify any unacceptable behaviour in local communities.

Decision

(i) That the draft strategy for reducing reoffending be approved.
(ii) That further consultation in relation to the strategy be undertaken in line with the Hartlepool Community Compact.

35. Transforming Rehabilitation: A Strategy for Reform

(Director of Regeneration and Neighbourhoods)

Purpose of report

This report outlines the current position in respect of multi-agency discussions about a potential response to the Government's proposals for exposing the majority of Probation Services in relation to adult offenders to commercial competition, and seeks initial approval for a proposed approach, subject to further reports as the detailed options become clearer.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods reported on the background to the plans to abolish the current Probation Trust and the proposals to establish a new Probation Service. Despite adverse responses to the consultation, the Government had decided to press on with its plans. One minor change, but a significant one for Tees Valley was an increase in the number of proposed new companies from 16 to 21, which allowed for 2 companies, one of which would cover the current Durham Tees Valley Probation Trust area.

A series of discussions had taken place to establish the level of interest in establishing a public and third sector consortium to bid for the work. Representatives of the Council had registered its interest in participating in such a consortium. Since writing the report, Members were advised that all Tees Valley Local Authorities had given support to this model together with a local NHS Trust, a major local housing provider and a sub regional voluntary organisation.

Whilst the timetable was not yet fully clear, it was anticipated that the Pre-Qualification Questionnaire (PQQ) process for getting onto a tender list would begin shortly. The report provided details of the financial and risk implications of the proposals. It was highlighted that at this stage the only commitment would be to a share of the costs of undertaking the PQQ process of £6,000 which could be identified from the Safer Hartlepool Partnership budget.

Decision

i) That the action taken to date be endorsed.
ii) That the Partnership continue to support the consortium bid.
iii) That up to £6,000 from existing budget provision be used to support the PQQ.
iv) That further reports be presented as and when more detail becomes available.

36. Hartlepool Household Survey 2013 *(Strategy and Performance Officer)*

Purpose of report

To update the Safer Hartlepool Partnership on the available results from the Household Survey.

Issue(s) for consideration

The report set out the background together with detailed results from the Hartlepool Household Survey. Response rates for individual wards ranged between 24.7% and 40%. A copy of the survey including headline results was attached as an appendix to the report. A full report including comparisons and demographic breakdowns would follow later in the Autumn.

Decision

That the contents of the report be noted and that Ward level results would be available in the Autumn.

37. Making the Difference: The Role of Adult Social Care Services in Supporting Vulnerable Offenders *(Director of Regeneration and Neighbourhoods)*

Purpose of report

The report draws together current information about young people and adults with multiple needs in contact with the criminal justice system. It discusses the role of adult social care in supporting vulnerable adults and recognises the importance of a multi agency approach to reducing offending and re-offending.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods presented the report which provided information relating to young people and adults with multiple needs in contact with the criminal justice system as well as the role of adult social care in supporting vulnerable adults. Research undertaken on both a regional and local level, previously presented to the Partnership, indicated that much more could be done to improve pathways to services. It was highlighted that this report should be considered alongside the 'Reducing Reoffending in Hartlepool' report which had been considered earlier in the meeting (Minute 34 refers). The role of adult social care in reducing reoffending would also be explored by the Audit and Governance Committee and this report would also be considered at future meetings of the Health and Wellbeing Board and the Local Vulnerable Adult Safeguarding Board.

Decision

The report was noted.

38. Date and Time of Next Meeting

It was reported that the next meeting was scheduled for 1 November 2013 at 9.30 am.

The meeting concluded at 11.35 am.

CHAIR